BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam

Fax: (671) 477-1812

Felix P. Camacho Governor of Guam

Michael W. Cruz, M.D. Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932 Tel: (671) 472-4201/3 Alberto "Tony" Lamorena V
Director

OCT 2 9 2010

RECEIVED
OFFICE OF PUBLIC ACCOUNTABILITY

mud

The Honorable Judith T. Won Pat Speaker I Mina'Trenta na Liheslaturan Guahan 155 Hesler Street Hagatna, Guam 96910

RE: Submission of FY 2010 4th Quarter Funding/Expenditure Repoi

Dear Speaker Won Pat:

Pursuant to Chapter XIII, Section 6 – Reporting Requirements, of Public Law 30-55, we are hereby submitting our FY 2010 4th Quarter Funding/Expenditure Report.

Attached, please find the following reports:

- FY 2010 Budget and Expenditure Report as of September 30, 2010 (General Fund)
- 2. Staffing Patterns as of September 30, 2010 (Local and Federal Funded)
- 3. Financial Status Reports for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of either a quarterly or semi-annual reporting.

If you have any questions or comments regarding this matter or require additional information, please do not hesitate to contact our office at 472-4201/2/3 or by fax at 477-1812.

Di oct 2 9 2010

Bureau of buuget and Management Research

Sincerely,

ALBERTO A. LAMORENA V

Director

Enclosures

cc: Director, Bureau of Budget and Management Research Public Auditor, Office of the Public Auditor

Office of the Speaker
Judith T. Won Pat, Ed. D.

Date 10/15 9/10

FY 2010
PROJECTION ANALYSIS
As of September 30, 2010

Department: Division: Account No.:

Budget Act(s) (P.L. #)
YTD Exp & Enc. Date
LABOR COST (PPE #1)
LABOR COST (PPE #2)
Remaining PP P.L. 30-65 9/30/2010 9/11/2010 9/25/2010

BUREAU OF STATISTICS AND PLANS SUBMARY \$100A100900GA001

TOTALS	TOTAL Opers	450 Cap. Out.	363 Tele.	362 Water	361 Power	290 Misc.	280 Sub,Rec.	271 Drug Testing	250 Equip.	240 Supplies	233 Rent	230 Contract	220 Travel	TOTAL PerSve	113 Benefits	112 OT	111 Salary	Account Code		>
1,075,552	29,075	0	6,460	0	0	0	0	75	0	0	20,040	2,500	0	1,046,477	232,218		814,259	Budget Act(s) Appropriations P.L. 30-88		В
150	150	0	75	0	0	0	0	0	0	0	0	76	0	0	0	0	0	Raserve		C
1,075,402	28,925	0	6,385	0	0	0	0	76	0	0	20,040	2,425	0	1,046,477	232,218	0	814,259	FY 2010 Allotments (B - C)		0
1,020,986	26,500	0	6,385	0	0	0	0	75	0	0	20,040	0	0	994,486	212,989	0	781,496	Year to Date Exp. / Encumb. As Of: 9/30/2010		m
41,452														41,452	8,939	0	32,513	CURRENT Staffing Pattern PP Requirement		F
16,581	11 11 11 11 11 11 11 11 11 11 11 11 11								第一世 世 田田					16,581	3,576	0	13,005	Remaing PP Personnel Requirement (Remain, PP x F)		G
40,579									Charles of the Control of the Contro					40,579	8,907	0	31,672	LABOR COST PPE: 9/11/2010		Ξ
41,462															8,839		32,513	LABOR COST PPE: 9/25/2010	INFORMATIONAL ONL	-
41,452														41,452	8,939	0	32,613	Avg. PP Requirment [(F+G)/2]	NAL ONLY	٦
16,581												Western Programme		16,581	3,578	0	13,005	Remaining PP Personnel Requirement (Remain. PP x J)		*
	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	Other Requirements		_
37,835	2,428						6					2,425	_	35,410	15,653		19,757	Projected Lapse / (Shortfall) [D-(E+G+L)]		3

Department: Division: Account No.:

No.: ADMINU

BUREAU OF STATISTICS AND PLANS ADMINISTRATION 5100A100900GA001

OWES	TOTAL Opers	450 Cap. Out.	363 Tele.	362 Water	361 Power	290 Misc.	280 Sub.Rec.	271 Drug Testing	250 Equip.	240 Supplies	233 Rent	230 Contract	220 Travel	TOTAL PerSys	113 Benefits	112 OT	111 Salan		ACCOL				
-	Ser.	Out.					ec.	Testing	ĺ	88		act		erovs	3		[Account Code	The state of the s			_
356,933	29,000	0	6,460	0	0	0	0	0	0	0	20,040	2,500	0	327,933	68,879	0	259,054	P.L. 30-65	Sucremendoscho	Budget Act(s)			0
150	150	0	76	0	0	0	0	0	0	0	0	76	0	0	0	0	0		Reserve		The state of the s		n
356,783	28,850	0	6,385	0	0	0	0	0	0	0	20,040	2,425	0	327,933	68.879	0	259.054	(B-C)	FY 2010				5
358,862	26,425	0	6.385	0	0	0	0		0	0	20.040	0		25V CK	70.748	9	261 711	9/30/2010	Encumb. As Of:	Year to Date Exp. /	The second secon	1	
12,913		THE RESERVE OF THE PARTY OF THE					The Party of the P	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW					Older.	13010	3 750	0,100	10 463	Requirement	Pattern PP	CURRENT Staffing			
5,165													201,00			cou,e		(Remain, PP x F)	Personnel	_		٩	
12,913													12,513	2,720		10,163		9/11/2010	PPE:	LABOR COST		7	
12.913													12,913	2,750	0	10,163		9/25//2010	PPE	LABOR COST	INFORMATIONAL ONLY	_	
12.913													12,913	2,750	0	10,163		[(F+G)/2]	Reguliment		HAL ONLY	٩	
5185													5,165	1,100	0	4,065	(Kamam, Pr X J)	Requirement	Personnel	Remaining PP	THE RESERVE THE PERSON NAMED IN	×	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		Requirements	Other				
2,4											2,4			(2,9		(6)		{D-(E+G+1	Lapse / (Short)	Drodontard		=	

FY 2010 PROJECTION ANALYSIS As of September 30, 2010

Department: Division: Account No.:

BUREAU OF STATISTICS AND PLANS
BUSINESS AND ECONOMIC STATISTICS
5100A10932E1001

113 Benefits
TOTAL PerSvs
220 Travel
230 Contract
233 Rent
240 Supplies
260 Equip.
271 Drug Testing
280 Sub. Rec.
290 Misc.
361 Power
362 Water 363 Tele. 450 Cep. Out. TOTAL Opers TOTALS Account Code Budget Act(s)
Appropriations P.L. 30-65 261,044 75 335,957 74,838 335,882 Reserve Allocanents (B-C) 261,044 335,957 Year to Date Exp. ! Encumb. As Of: 254,140 324,552 **CURRENT Staffin** Requirement Pattern PP 14,113 14,113 Requirement (Remain. PP x F) Remaing PP
Personnel LABOR COST PPE: 9H1/2010 3,046 13,240 13,240 LABOR COST
PPE: 9/25//2010 Avg. PP Requirment [(F+G)/2] 3,078 14,113 (Remain. PP x J) Remaining PP
Personnel
Requirement 5,645 Other [D-(E+G+L)

Department: Division: Account No.:

BUREAU OF STATISTICS AND PLANS
PLANNING INFORMATION PROGRAM
5100A100910SE004

TOTALS	TOTAL Opers	450 Cap. Out.	363 Tele.	362 Water	361 Power	290 Misc.	280 Sub.Rec.	271 Drug Testing	250 Equip.	240 Supplies	233 Rent	230 Contract	220 Travel	TOTAL Persys	113 Benefits	112 OT	111 Salary	Account Code		>
247,534	0	0	0	0	0	0	0	0	0	0	0	0	0	247,534	60,015	0	187,519	Budget Act(s) Appropriations P.L. 30-55		8
0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Reserve		C
247,534	0	0	0	0	0	0	0	0	0	0	0	0	0	247,534	60,015	0	187,519	FY 2010 Allotments (B - C)		0
203,183	0	0	0	0	0	0	0	0	0	0	0	0	. 0	203,183	43,604	0	158,579	Year to Date Exp. / Encumb. As Of: 9/30/2010		m
9,228	が最級を							THE PERSON NAMED IN						9,228	2,015		7,213	CURRENT Staffing Pattern PP Requirement		7
3,691	The state of the s					-	Contract of the last	Annual Spirite						¢,e	808		2,885	Remaing PP Personnel Requirement (Remain. PP x F)		ေ
9,228		THE REAL PROPERTY.						The state of the s				The state of the s		9,228	2,015	0	7,213	LABOR COST PPE: 9H1/2010		Ξ
9.228									The second secon					9,228			7,213	LABOR COST PPE: 9/25/12010	INFORMATI	_
9.228	The state of the s	No. of Street, or other Persons and Street, o	The second second			The same of the same of					The same of the sa		而 最终是 一个	9,228	2,015	0	7.213	Avg. PP Requirment [(F+G)/2]	NFORMATIONAL ONLY	٦
3.691	The state of the s			The second second	No. of Persons Street, or other Persons Street	The second second				The state of the s				3,591	806	0	2.885	Remaining PP Personnel Requirement (Remain. PP x J)	Salar	X
	0		0	0			0	0			0	0	0	0	0	0	0	Other Requirements		-
40.659													0	40.659	15,604	0	25.055	Projected Lapse / (Shortfull) [D-(E+G+L)]		E

FY 2010 PROJECTION ANALYSIS As of September 30, 2010

Department: Division: Account No.:

BUREAU OF STATISTICS AND PLANS SOCIO ECONOMIC PLANNING 5100A1009205E005

TOTALS	TOTAL Opera	450 Cap. Out.	363 Tele.	362 Water	361 Power	290 Misc.	280 Sub.Rec.	271 Drug Testing	250 Equip.	240 Supplies	233 Rent	230 Contract	220 Travel	TOTAL Persys	113 Benefits	10 201	111 Salary	Account Code		>
135,128	0	0	0	0	0	0	0	0	0	0	0	0	0	135,128	28,486	0	106,642	Appropriations P.L. 30-55		0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Reserve	To the second se	c
135,128	0	0	0	0	0	0	0	0	0	0	0	0	0	135,128	28,488	0	106,842	FY 2010 Allotments (B-C)		Б
134,369	0	0	0	0	0	0	0	0	0	0	0	0	0	134,369	28,303	0	106,066	Year to Date Exp. / Encumb. As Of: 9/30/2010		m
5,197				The same of the sa						Charles Co. S. C.				5,197	1,096	0	4,102	CURRENT Staffing Pattern PP Requirement		-
2,079				Assessment of the last of the									The second second	2,079	438	0	1,641	Remaing PP Personnel Requirement (Remain. PP x F)		6
5,197			A STATE OF THE PARTY OF THE PAR	And Market Street, or other Persons			THE PARTY NAMED IN	The state of the last of the l	The second second		A STATE OF THE PARTY OF THE PAR	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN		5,197	1,096	0	4,102	LABOR COST PPE: 9/11/2010		I
5,197														5.197	1,096		4,102	PPE: 9/25//2010	INFORMATIONAL ONLY	_
5,197														5.197	1,096	0	4,102	Avg. PP Requirment [(F+G)/2]	DNAL ONLY	و
2,079												OF SECTIONS OF		2,079	438	0	1,641	Remaining PP Personnel Requirement (Remain. PP x J)		~
0			200		0									0	0	0	0	Other Requirements		L
(1,320)						,		3,						(1.320)	(255		(1,064)	Projected Lapse / (Shortfall) [D - (E + G + L)]		*

User ID. . . . : BOPCUART To date . . . : 9/2010 Account . . . : 5100A1009 Dept/Division : Run Date . : 10/12/10 Run Time . : 14:31:42 STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES Page : 1 Program: PRTAPPN

Exclude Object Codes:

5100A100932B1001111 BUSINESS & BCONOMIC STATISTICS 261,044.00 261,044.00 25	20 DIVISION TOTALS Count: 3 135,128.00 135,128.00	98005 PROGRAM TOTALS Count: 3	SOCIAL	5100A100920SE005111 SOCIAL ECONOMIC PLANNING 106,642.00 106,642.00 5100A100920SE005113 SOCIAL ECONOMIC PLANNING	10 DIVISION TOTALS Count: 3 247,534.00 247,534.00	SE004 PROGRAM TOTALS Count: 3 247,534.00 247,534.00	60,015.00 60,015.00 5100A100910SE004114 PLANNING INFORMATION	5100A100910SE004111 PLANNING INFORMATION 187,519.00 187,519.00 5100A100910SE004113 PLANNING INFORMATION	00 DIVISION TOTALS Count: 6 356,933.00 356,783.00	GA001 PROGRAM TOTALS Count: 6 356,933.00 356,783.00	5100A109900GA001230 ADMINISTRATION 2,500.001 5100A100900GA001233 ADMINISTRATION 20,040.00 20,040.00 20,040.00 5100A10990GA001333 ADMINISTRATION 6,460.00 6,485.00 6,485.00 6,885.00	5100A10990GA001113 ADMINISTRATION 68,879.00 5100A10990GA001114 ADMINISTRATION	ent
ISTICS 254,140.40	134,368.64	134,368.64	28,302.80	106,065.84	203,183.56	203,183.56	43,604.44	159,579.12	358,685.41	358,685.41	20,040.00	70,745.52	YTD Expenditures 261,711.04
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				196.15	196.15	196.15		O/S Encumbrance
6,903.60	759.36	759.36	183.20	576.16	44,350.44	44,350.44	16,410.56	27,939.88	2,098.56	2,098.56-	2,425.00	1,866.52-	Available Funds 2,657.04-
									150.00	150.00	75.00 75.00		Unalloted Balance

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FINAL TOTALS 1,075,552.00	POND TOTALS: 1,075,552.00	APTYP+PY TOTALS: 1,075,552.00	DEPARTMENT TOTALS: Count: 1,075,552.00 1,075,4	DIVISION TOTALS 335,957.00	ET001 PROGRAM TOTALS 335,957.00	5100A100932EI001271 BUSINESS & ECONOMIC STATISTICS 75.00 75.00	TO Appropriation YTD Allorment YTD Expersion AND Allorment YTD Expersion AND	Account Number Accoun	User ID : BOPCUABT To date : 9/2010 Account : 5100A1009 Dept/Division :	Run Date . : 10/12/10 Run Time . : 14:31:42
Count: 1,075,402.00	Count: 1,075,402.00	Count: 1,075,402.00	Count: 1,075,402.00	Count: 335,957.00	Count: 335,957.00	TESS & ECONOMIC 75.00	TID Allotment IESS & ECONOMIC 74,838.00 IESS & ECONOMIC	Account Name	9 7	STATEMENT OF A
16	16	16	16		•	STATIST	STATIST			PPROPRI
1,020,789.66	1,020,789.66	1,020,789.66	1,020,789.66	324,552.05	324,552.05	C STATISTICS 75.00	YTD Expenditures ATISTICS 70,336.65 ATISTICS			(ATIONS, ALLO
196.15	196.15		196.15		11,404.95		O/S Encumbrance		Exclude Object Codes:	STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES
54,416.19	54,416.19			11,404.95	11,404.95		Available Funds 4,501.35			NCE AND EXPENDITUR
9	9	٠	9	ن.	и					id O
15	15	150.00	54,416.19 150.00				Unalloted Balance			Page . : Program:
150.00	150.00	150.00	150.00	1			ance			2 PRTAPPN

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: ADMINISTRATION
FUND: SUMMARY
East: 1894 GENERAL FUND

Government of Guam Fiscal Year 2010 Budget Agency Current Staffing Pattern As of: September 30, 2010

N N	J]		Γ	Τ	J	J	_	Γ	Γ	Τ	T	T	T	Ţ	-			Γ	Γ	Τ	T	•	<u>س</u>	•	<u>~</u>		-	ř	:					
Officereaction!		1						1		Γ		T	T	T	T	1								ADM003	ADMees	ADM006	ADM904	ADM002	ADM001	٠			(A)			
Night Differentini/Hazardens/Warker's Compensition/str.							+																	O Private Secretary	8 Administrative Assistant			Ī	11 Director	T	Fotogoal		(B)			
Grand Lotal:																								VACANT	Marylon S. Gege	Terry L. Caule	Therese C. Agues	Machelle A.C. Leen Guarrers	Alberto A. Lamorona V	Incombest	74000 00		(c)			
1	1	1	1				ı	1				Ī	Ī	T	Ì	T						İ		Ē	Į,	1.10	H-15	P-18	TT3(1-8)	Street	Crada	-	(a)	i	Imput b	
\$ 264,231 \$																								-	\$ 40,873 \$	39,780 \$	\$ 35,585 \$	\$ 72,785 \$	-	Salary			(8)		Input by Department	
																														Overtime			(F)			
•																								-				•		Spectal*			(G)			
																									2/15/2012	12/5/2010	2/27/2011	4/28/2011		Date	1	F F	(H)			
																								•						(E° Amount)		Increment	(1)			
\$ 264,231																	1								\$ 40,873	\$ 39,780	\$ 35,580	\$ 72,785	\$ 75,201	Subtotal	(E+F+G+1)		3	_		
\$ 68,00																				_				*	\$	8	\$	-	8	(J°26.04%)	Retirement		(X)			
8 433		-										-	-				1	+							10,643 8 -	159 \$ 433	. \$	53 \$.	\$ -	(\$16.66*26PP)	_		(L)			
3 8											-													8 -			•	8		┢	90	1	(M)			
\$ 23						-							-											8	**	-	*		11 8 3	۲			(N)			
2,260 \$																							-	•	593 \$	577 \$	*	8	1,991 \$	*	-		(0)			
8 078	-	-					H	-					L											. 8	174 \$	174 \$	174 8	174 \$	174 \$	_	Madical		(P)	7		
15,820 \$			-	+															-						3,164 \$	3,164 8	3,164 \$	3,164 \$	3,164 \$	_	_	_			lapsi by Depurtment	İ
1,925 \$				-	=	-			1		-						-	-							385 \$	385 \$	385 8	385 \$	- 1	٥	Destai T		(Q)		1	
\$ 11,06			-													-		-						-	14,959 \$	15,092 \$	12,989 \$	22,676 \$	24,398 8	(K thru Q)	Total Begeffts		3			
354,345																													- 1	TOTAL	(J+R)		Ś			

FUNCTIONAL AREA: EXECUTIVE DIRECTION

PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM AGENCY: BUREAU OF STATISTICS AND PLANS

FUND: SUMMARY
Ratio: 100% GENERAL FUND

Government of Guam
Fiscal Year 2010
Budget
Agency Current Staffing Pattern
As of: September 30, 2010

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									1						BES-013	BES-012	BES-011	BES-010	BES-007	BES-006	BES-005	BES-004	BES-003	BES-002	BES-001	Number	Position	(A)		Γ
															Chief Economist	Statistical Technician I	Planning Technician I	Statistical Technician I	7 Statistical Technician I		Statistician I	Statistical Technician II		2 Data Control Clerk II	1 Statistician II	Title		(B)		
Grand Total:															Albert M. Perez	Marietta Balbastro**	Gloria T. Ponce**	VACANT	Mernalee A. Sabian	Seliza C. Tenorio	Autonette Pitter**	Bertha M. Toves**	VACANT	Heather R. Perez	Edwin S. Verzona**	Incombent	Name of	(c)		Input
i					T		T			1					S.	B-11	E-11	R-1	R-1	J-10	1-13	F-15	F-1	F-1	J-12	Step	Grade	(E)		Input by Department
\$285,921															\$ 56,493 \$	\$ 25,858 \$	\$ 31,011	\$.	\$ 16,656	\$ 34,414	\$ 35,571	\$ 31,418		\$ 17,635	\$ 36,865 \$	Salary		(3)		ctal
92																•	\$	\$.	\$	8	\$ -	\$		\$ -	\$ -	Overtime		(F)		
8							†	1							\$		\$	\$.	\$	\$	\$		\$		\$.	Special*		(G)		
1						T				+	1				3/5/2012	11/12/2011	_	- I	4/26/2011	2/4/2012	6/17/2012	4/21/2012		8/3/2011	12/17/2010	Date	-	(H)		
8844								1	\dagger	+				-	\$	\$.	\$ -	\$	\$	\$	\$ 4	\$	7			(B*Amount)	Increment	(1)		
								+	$\frac{1}{1}$		1		-	_	\$ 5	\$ 2	\$ 3	\$	-	\$ 3	\$	443 \$ 3	\$	\$	\$	Н	(F+G+H+J)	(3)	_	
\$286,765										+				_	56,493 \$	25,858 \$	31,011 \$	-	16,656 \$	34,414 \$	35,972 \$	31,861 \$	•	17,635	36,865 \$	_	_			
\$69,390									+						14,236 \$	6,516 \$	8,075 \$		4,337 \$	8,961 \$	9,367 \$	8,297 \$		s	\$ 009,6		Retirement Re	(K)		
\$866				L		L									- [\$	- \$. \$. 8			433 \$			433 \$		6) (\$16.66*26PP*E)	Retire (DDI)	(L)		
																										(6.2% * K)	Social Security	(M)		
\$3,125						-							-		\$	\$	*	\$		s	\$	S	\$	\$	8	_	Med	(Z		
1	1								1	$\frac{1}{1}$					8 618	375 \$	450 \$		242 \$	5	\$22	462 \$		256 \$	•	_	icare Life	(0)		
\$1,392				_			ŀ	+	$\frac{1}{1}$	+					174 \$	174 \$	174 \$	•	•	174 \$	174	174 \$	$\frac{1}{1}$	174	174 8	_	_			Ī
\$18,471															2,233 \$	2,233 \$	2,233 \$			1,838 \$	3,606 \$	3,164 \$		\$	3,164 \$	3	Medical	(F)		Input by Department
\$2,688															385 \$		270					385		349		(Premium * E)	Dental	(<u>Q</u>)		partment
\$95.931																	\$ 11,202	5	*			*		*	\$ 13,351	(LthruR)	Total Benefits	(R)		
11 \$382,696	+					-			+	+	1				*	~	82 \$ 42,213	1				12,482 \$ 44,343	Ì	•	51 \$ 50,216	TOTAL	1	(S)		

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: PLANNING INFORMATION PROGRAM
FUND: SUMMARY
Raid: 100% GENERAL FUND

Government of Guam Fiscal Year 2010 Budget Agency Current Staffing Pattern As of: September 30, 2010

	inpa	Input by Department	men											to pure	I have the broad	
		ŀ						,						Co seeder	repeat of exchangement	_
(A) (B)	(c)	(D)	(≅)	(¥)	(G)	(H)	(1)	(J)	()()	(L)	(M)	(X	9	(3)	(<u>@</u>	
		Ī				Increment	71.70					Benefits		1		7
_	Name of	Grade/						(F+G+H+J)	Retirement	Retire (DDI)	Secial Security	Medicare	Life	Medical	Dental	Total Benefits
No. Number Title	Incombest	Step	Salary	Overtime	Special*	Date	(E*Amount)	Smbtotal	_	(\$16,66°26PP*E)	(6.2% * K)	(1.45%*K)	174 ° E	(Premium * E)	(Premium * E)	(LthraR)
1 FIF004 Flamer III	Calvin A. Sarawatari	₹-16	\$ 57,278 \$		•	7/11/2011	4		\$ 14,915	••		\$ 531	- 1	\$ 1,380	3 180	-[
	Mosica J. Guerrero	M-15	*		•	1/9/2011	•	\$ 51,092	\$ 13,304	433					2	
	Janet A. Ouitugua	Z-15	-		•	_1	•	194.55								ŀ
evedia	But a I and Custom	2,1	•			1			1			\$ 892 \$	l		41	44
4 FURNO DES CONTRO CHER II	Peter P. Leon Guerrero	F-7	\$ 23,808 \$			2/11/2011		\$ 23,808 \$	\$ 6,200			\$ 345	\$ 174 \$	\$ 3,164 \$		50
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PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM AGENCY: BUREAU OF STATISTICS AND PLANS FUNCTIONAL AREA: EXECUTIVE DIRECTION

FUND: SUMMARY
Ratio: 100% GENERAL FUND

	A		
As of: September 30, 201	Agency Current Staffing Pat	Fiscal Year 2010 Budget	COVERDMENT OF CARRIED

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						\downarrow				ļ													SOCOR	SOC007	Number	Position		(A)	
																							Planner III	Planner III	Tittle	Position		(B)	
Grand Total:																							Ernest E. Caseres	Mildred B. Erguiza	Incumbent	Name of		(C)	
		1		+	\mid	İ	-	-	-		ŀ				-						1	+	N-16	M-14	Step	Grade/		(a)	
\$106,642																							\$57,278	\$49,364	Salary			(E)	
8																							8		Overtime			(F)	
8																							8	•	Special*			<u>6</u>	
I,					Ī																		✝	1/13/2011	Date	E		(H	
8																							8	0	(R*Amount)	Increment		3	
\$196,642																							57,271	49,364	Subtotal	(F+G+H+J)		ê	
\$27,770																							\$14,915	\$12,854		Retirement		ŝ	
8																							8	•	2	Retire (DDI)		Œ.	
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\$9 \$716	\dagger							_											1				80		_	Medicare		œ	
5 8368																	1							6 174	1	E E	ı	(O)	
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ENR CE.	-	-						-	-						$\frac{1}{1}$		-	1	$\frac{1}{1}$	\downarrow	-		\$15,089	17,764	_	Total Benefits		2	
207 0213																							\$72,367	67,128	TATOT	(天+S)	127	8	

FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

Government of Guam Fiscal Year 2010 Budget Agency Current Staffing Pattern As of: September 30, 2010

FUND: SUMMARY
Ratio: 100% Federally Funded PROGRAM: INTERJURISDICTIONAL FISHERIIES ACT GRANT PROGRAM (100% FEDERALLY FUNDED)

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																												Date Country Court II	Keypunch Operator I	Title	Position	(=)	(B)	
Grand Tetal:																												Printly Mr.C. 1 Inches		Incumbent	Name of	(6)	(C)	laper
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																								1						Overtime		(1)	(8)	
																														Special*]	e e	
																												9/29/2011		Date	F	(5)		
•																											1			(E ⁰ Amount)	Increment	(1))	
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	Ī																											3,164 \$	3,164 \$	(F)	Dental	(0)		input by Department
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	+	+	+		+				+		+	+	+		+		+		+	1	1	1	\downarrow	+	-	-	-	10,943 \$	72 \$	_	Total Beachts	3	!	
																												35,632	22,728	TOTAL	(X+S)	(§)		

AGENCY: BUREAU OF STATISTICS AND PLANS

FUNCTIONAL AREA: EXECUTIVE DIRECTION

Government of Guam Fiscal Year 2010 Budget Agency Current Staffing Pattern As of: September 30, 2010

FUND: SUMMARY
Ratio: 100% Federally Funded PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (100% FEDERALLY FUNDED)

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Differential/H																														BYRNE003	BYRNE001	Number	Position		(A)		
 Night Differential/Hazardous/Worker's Compensation/etc. 																														Administrative Assistant	Planner III	Title	Position		(8)		
ĺ	Grand Total:																													Julie Rose U. Nededog	Loin E. Leen Guerrero	Incombent	Name of		(c)	militari.	
	1				_																									÷	M-14	Step	Grade/		(0)	input by Department	
1	\$ 84.982																													\$ 35,618	\$ 49,364	Salary			(33)	ľ	
												-		-																٣		Overtime			(F)		
	5			_		_	_			_									_		_	_									8	Special*	_	_	(G)		
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	*																												+	4	2	(R*Amount)	Vac Colorent		(1)		
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4 crastra	31 416										-				-					4						-	_		- 1	8.976 \$	_	~	Retirement I		(K)		
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115,076	1										Į																		- Confess	Charles	242	TVLOL	(K+S)		(S)		

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS

FUND: SUMMARY

Ratio: 100% FEDERALLY FUND

PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM

Government of Guam Fiscal Year 2010 Budget Agency Current Staffing Pattern As of: September 30, 2010

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																GCMP012	GCMP011	GCMP010	GCMP007	GCMP005	GCMP004	GCMP003	GCMP002	GCMP001	_	Position		Â	T	
																Special Projects Coordinator	Planner II	Admi		Plamer III		Γ		Administrator	Title	Position		(B)		
Grand Total:				1												Klainz M. Todd	VACANT	Nydia H. Liarenas	Terestia M. Perez	Esther G. Tuttague	Thornas I. Quinata	Raymond V.C. Caseres	Amelia DeLeon	Evangeline C.D. Lujan	Incumbent	Name of	50 50 5	(C)	tidar	
ı		1		_				l	T							M-6	Σ	E	M-14	M-13	M-15	M-15	M-15	P-17	Shep	Grade		(B)	ларат ву вераплист	
\$420,079									İ	ľ						37,282 \$	\$ 26,520 \$	\$ 35,618 \$	\$ 49,364 \$	\$ 47,695 \$	\$ 51,09	\$ 51,092 \$	\$ 51,092 \$	\$ 70,324	Salary			(E)		
	1															2 \$	\$	\$	1 3	5 \$	2 \$ -	2 \$ -	2 \$ -	4 5	Overtime			(F)		
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\$93,559					_	-				-						\$ 37	s	\$ 35	\$ 49	\$ 47	\$ 51	\$ 51	\$ 51	\$ 70	t) Subtotal	(F+G+H+J)		(J)	_ل_	J
Ī	1	-														37,282 \$. \$	35,618 \$		47,695 \$ 1			5	70,324 \$ 1	(K * 26.04%	J) Retirement	Γ	(X)		
892,775		1		1		L										. \$. \$	9,275 \$	12,854 \$	12,420 \$	13,304 \$	13,304 \$	13,304 \$	18,312 \$	ا					
SAGE 1	+									_						433	- \$. \$. 5	. \$. \$	- \$	•	- \$	(\$16.66*26PP*E)			(L)		
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\$5,676																S 541 S	\$	\$ 516 \$	\$ 716 \$	\$ 692 \$	\$ 710 \$	\$ 741 \$	\$ 741 \$	\$ 1,020 \$	(1.45%*K)	Medicare	Benefits	(N)		
\$1,392																									174 * E	Life	*	(0)		
\$19.929																174 \$ 1,3		174 8 2,2		174 \$ 1,1				174 \$ 3,1	(Prenium * E)	Medical		(P)	Inpe	
								-								1,380		2,233 \$	3,164 \$	1,838 \$	1,380 \$	164 \$	3,606 \$	3,164 \$	E) (Premium * B)	Dental	1.0	(Q)	Inpet by Department	
\$2.362		1														180 \$	s	231 \$	385 \$	231 \$	180 \$	385 \$	385 \$	385 \$	_	_	Harris			
\$122.566		+	1			4					L			_		2,708 \$		12,429 \$	17,293 \$	15,354 \$	15,748 \$	17,768 \$	18,210 \$	23,055 \$	(LthruR)	Total Benefits		(R)		
\$516.125																39,990	•		Ì	63,049		ı	١	93,379	TOTAL	(K+S)		(S)		

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: LAND USE GIS PLANNING PROGRAM

Government of Guam Fiscal Year 2010 Budget Agency Current Staffing Pattern As of: September 30, 2010

FUND: SUMMARY
Ratio: 100% Federally Funded under Coastal Zone Management Administration Grant

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																											GIS Mapping Technology	Ť	GIS Manager	Ī	Position		(B)	Impact by
Grand Total:																											VACANT	Timethy Semuda	Victor Terres	Incombent	Name of		(C)	Input by Department
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116,074 \$																			1								21,385	38,45	56,231 \$				(E)	
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				-																							•	1/23	- 6/27	D				
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116,074 \$																												38,454 \$		Subtotal	(F+G+H+J)		(J)	
\$ 30,226 \$																													\$ 14,643 \$	(K *26.04%	Retirement		(K)	
																						_							3 \$ -	6) (\$16.66*26PPE)	Retire (DDI)		Đ	
\$ 998					_																					\dagger	33 \$	433 \$	50		Secial Security		(X	
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1,683 \$											ļ																310 \$	558 \$	815	(1.45%*K)	Medicare	Remedito	(X	
522 \$																														174 * E	Life		<u>0</u>	
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7,608 \$																										1	3,197 \$	3,164 \$	1,247 \$	-	+			Input by Department
1,040 \$			3						=				=	E													385 \$	385 \$	270 \$	ġ	Destal		ê	2
41,945 \$																											10,069 \$			(LthraR)	Total Benefits		€	
\$ 158,019																											\$ 31,458	- 1		TOTAL	(K+S)		ĝ	

PROGRAM: CORAL REEF INITIATIVE AGENCY: BUREAU OF STATISTICS AND PLANS FUNCTIONAL AREA: EXECUTIVE DIRECTION

FUND: SUMMARY
Ratio: 180% Federally Funded under CRI Grant

Government of Guam Fiscal Year 2010 Budget Agency Current Staffing Pattern As of: September 30, 2010

(A) (B)	(6)	(2)	(()		(B)	(1)	3	(R)	(L)	(M)	(N)	(0)	(P)	(0)	R	9
	Name of	Grade				Increment	(F+G+H+J)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	
No. Namber Tale	Incumbent	Step	Salary	Overtime Special*	Date	(E° Ашопи)	Subtotal	(K *26.04%)	(K *26.04%) (\$16.66*26PPE)	(6.2%*K)	(1,45%°K)		5	(Premium * E)	(L thro R)	TATOT
1 GCMP012 Special Projects Coordinator	David M. Burdick	M-9	\$ 41,584		•	46	\$ 41,584		\$ 433 \$	•	\$ 603 \$	174	1,380	180 \$	\$ 2,770 \$	
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FUNCTIONAL AREA: EXECUTIVE DIRECTION

AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)

FUND: SUMMARY
Ratio: 100% Federally Funded

Government of Guam Fiscal Year 2010 Budget Agency Current Staffing Pattern As of: September 30, 2010

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			_	L			\downarrow		L	L					L								L	Ц			L				CDDC002	CDDCMI	Number	Position		(x)	ı	
																															Program Coordinator I	Director, DDC	Title	Position		(B)		
Grand Total:																															Person T Continued Laborat	Manuel Cruz	Incombent	Name of		(c)		
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\$1.38,003								ı																						- Tolivon	Charles	\$57,209	Satary			(B)	NO.	
*																																	Overtime			(F)		
88																															, .	8	Special®			(6)		
!																														AT DESCRIPTION	10/29/2019		Date		Increment	(H)		
8																														ļ.		8	(E*Amount)			(I)		
\$138,003																														30,/31	45,043	\$57,209	Subtotal	(F+G+H+J)		(J)		
\$35,936																														arcice	\$11,729	\$14,897	(K*26.04%)	Retirement		(N)		
\$466																														\$00		2	(\$16.66*26PPE)	Retire (DDI)		(L)		
8																																8	(6.2% * K)	Social Security		(M)		
\$1,994																														Ī	\$653		(1.45%°K)	Medicare	Benefits	(N)		
\$522																														1/4	\$174	\$174	174 ° B	Life		<u>0</u>		•
\$5,959																														92.1	\$3,606	\$2,233	(Premium * E)	Medical		(P)	Input by	
\$696										,					-							-								13		\$270	(Premium * E)	Dental		<u>@</u>	Input by Department	
\$45,440																												1		10,928		\$18,837	-	Total Benefits		3		4
9 \$183,443														1		1										1	+			45,779		П	TATOT			©		

(Follow form Instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page to Which Report is Submitted (To report multiple grants, use FFR Attachment) 1 2 Department of Commerce/NOAA NA10NMF4370094 pages 3. Recipient Organization (Name and complete address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam 4a. DUNS Number 5. Recipient Account Number or identifying Number Report Type 7. Basis of Accounting (To report multiple grants, use FFR Attachment) □ Quarterly ☑ Semi-Annual 5101H100910DC105 □ Annual 778904292 980018947 □ Final □ Cash ☑ Accrual 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) July 1, 2010 June 30, 2013 September 30, 2010 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts \$0.00 b. Cash Disbursements \$0.00 c. Cash on Hand (line a minus b) \$0.00 (Use lines d-o for single grant reporting) Federal Expenditures and Unobilgated Balance: d. Total Federal funds authorized N/A e. Federal share of expenditures N/A f. Federal share of unliquidated obligations N/A g. Total Federal share (sum of lines e and f) N/A h. Unobligated balance of Federal funds (line d minus g) N/A Recipient Share: Total recipient share required N/A Recipient share of expenditures N/A k. Remaining recipient share to be provided (line i minus j) N/A Program Income: i. Total Federal program income earned N/A m. Program income expended in accordance with the deduction alternative N/A n. Program income expended in accordance with the addition alternative N/A o. Unexpended program income (line I minus line m or line n) N/A а. Туре b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share 11. Indirect N/A N/A N/A N/A Expense g. Totals: N/A N/A 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001) a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension) (671) 472-4201-3 ALBERTO A. LAMORENA V, Director d. Email address tlamorena@gmail.com ized Certifying Official b. Signature of Auth e. Date Report Submitted (Month, Day, Year) 28 OCT 2010 14. Agency use only: See Page 2 Standard Form 425

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Federal Agency and Orgato Which Report is Subm		Federal Grant or Other Identifying Number Assigned (To report multiple grants, use FFR Attachment)	cy Federal Agency	Page	of [
Department of Commerc	ce/NOAA	NA10NMF4370094		2	2
	Name and complete mailing ade				1
Manuel F. L. Guerrero B	uilding, 212 Aspinall Ave.,	Hagatna, GU 96910-0212 GUM - Guam			
4a. DUNS Number	4b. EIN	Recipient Account Number or identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type 6. E	asis of Accou	inting
778904292	980018947	5101H100910DC105	☑ Semi-Annual ☐ Annual	Cook El	
Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)	9. Reporting Period End Date From: (Month, Day, Year)	Cash 📝 /	Accrual
	July 1, 2010	June 30, 2013 or information required by Federal sponsoring agency in complic	Septe	mber 30, 20	10
displayed in the workflow This report has NOT beer	comments.	ants Online. Any analysis or issues with this report by the cate that the recpient has drawn down 0% of the Federal			

1 Federal A	gency and Organia	zational Element	2 Fodorai G	cont or Other		- A I	- 15 E 1 1			
1					dentifying Number		ed by Federal	Agency	Page	, of
10 WILLIAM	Report is Submitte	u	(10 report	mutupie grant	ts, use FFR Attac	nment)			1	2
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		ne and complete address incl	uding Zlp code)							
Governmen	it of Guam, Depa	artment of Administration								
Manuel F.	L. Guerrero Buile	ding, 212 Aspinall Ave., H	agatna, GU 969	10-0212 GU	M - Guam					
4a. DUNS No		4b. EiN			per or Identifying I	lumbor	le n	and Town	Ta	
					ts, use FFR Attac		- 1	sport Type	7. Basis of Acc	ounting
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8. Project/Gra	ant Period					10237469	7	g Period End [Accidal
From: (Mo	onth, Day, Year)		To: (Month, D	ay, Year)				Day, Year)	Jale	
11	(October 1, 2007		Se	ptember 30, 201	1	(,,	Sentember 20	2010
10. Transac					promoti 50, 201	-			September 30,	2010
10. Iransac						100 000 300			Cumulative	
(Use lines a-	c for single or mu	ultiple grant reporting)								
Federal Cas	h (To report muit	tiple grants, also use FFR A	Attachment):							
a. Cash R										
	Isbursements									7,736.54
c. Cash or	Hand (line a min	us b)						 		51,725.54
	for single grant				0.200				-\$3	3,989.00
		obilgated Balance:								
The second second	ederal funds autho	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I								
				5 ,						N/A
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	ederal share (sum									N/A
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Total Control of the last	THE RESERVE THE PERSON NAMED IN									
	ciplent share requi									N/A
	nt share of expend						11111000			N/A
		to be provided (line i minus j)								N/A
Program inco										
	eral program incor									N/A
		in accordance with the dedu		<u> </u>						N/A
		in accordance with the addit							ALTER-18-1	N/A
o. Unexpen		me (line i minus line m or line								N/A
	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amount (harged	f. Federal Share	
11. indirect	N/A	N/A	N/A	N/A		N/A		N/A		N/A
Expense						- XV	705		La constant of the	
ESTERAL CONTRACTOR				g. Totais:		N/A		N/A		N/A
2. Remarks:	Attach any explan	ations deemed necessary or	Information requ	iired by Feder	al sponsoring age	ency in co	ompliance wit	n governing leg	gislation:	
See Page 2										
3. Certification	on: By signing ti	his report, i certify that it is	true, complete	, and accurat	te to the best of	my know	riedge. i am	aware that		
any faise, t	fictitious, or fraud	duient information may sub	ject me to crim	inai, civil, or	administrative p	enaiities	s. (U.S. Code	, Title 218, Se	ction 1001)	
. Typed or Pri	nted Name and Til	tie of Authorized Certifying O	fficiai						number and extens	sion)
ALBERTO	A. LAMOT	RENA V, Directo	17				(671)4	72-4201	-3	,
	, 110 111101	Minut vy Directo	, L				d. Email ad			
								ena@gmai	1.com	
. Signature of	Authorized Certify	ing Official							(Month, Day, Year	
7	1X	/ /							(worth, Day, Year	7)
	my (_				28 OC	2010		
12	- 1						14. Agency		SERVICE PROPERTY	
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							Standar	d Form 425	4 (63 - 7)	

Paperwork Burden Statement

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Federal Agency and Orgato Which Report is Submit		Federal Grant or Other Identifying Number Assigned (To report multiple grants, use FFR Attachment)	by Federal Agency	Page 	of
Department of Commerc	e/NOAA	NA07NOS4260060		2	2
	ame and complete mailing addepartment of Administration				
Manuel F. L. Guerrero Bu	uilding, 212 Aspinall Ave.,	Hagatna, GU 96910-0212 GUM - Guam			
4a. DUNS Number	4b. EIN	Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	6. Basis of Accou	ınting
778904292	980018947	5101H080930EI114	☑ Semi-Annual ☐ Annual ☐ Final	Cash 7	Accrual
Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)	9. Reporting Period End I From: (Month, Day, Ye	Date	100/001
	October 1, 2007	September 30, 2011 rinformation required by Federal sponsoring agency in complice		September 30, 20	010
10/07/10 - \$14,187.26 10/15/10 - \$ 9.274.70 10/19/10 - \$ 9,367.57					
displayed in the workflow This report has NOT been Cash on hand (line 10.c) is	comments. submitted\$33,989.00. An explanation	on for this large amount of cash not drawn down to covere that the recpient has drawn down 58% of the Federa	er expenses is required fr	om the recipient.	

(Follow form instructions)

	Agency and Organ Report is Submit	nizational Element ted		2. Federal Gi (To report	rant or Other i muitiple grant		-	d by Federai	Agency	Page 1	of 2
Departmen	nt of Commerce	/NOAA		NA09	NOS41	90175	Section	1 306/30	6A		
2 Paciniant	Organization (No	ame and complete add	man in al				- Section	1 300/30			pag
		partment of Administ		uding Zip code)							
1		ilding, 212 Aspinall A		ostna GII 969	10-0212 GH	M - Guam					
4a. DUNS N		4b. EIN	110., 110								
4a. DONS N	aumber	40. EIN		5. Recipient A	nultipie grant			6. R	eport Type	7. Basis of Acco	ounting
				(10 teport	multiple gram	s, use FFR A	Attachment)		uarterly		
				5101H1009	30CE101			⊠ Se	mi-Annual		
778	3904292	980018947	7					□ Ar	nual		
								□ Fi	nal	☐ Cash ☑	Accrual
8. Project/Gr								9. Reportin	g Period End D		
From: (M	onth, Day, Year)			To: (Month, D	ay, Year)			(Month,	Day, Year)		
		October 1, 2009			Ma	rch 31, 201	1		_	September 30,	2010
10. Transa	ctions									Cumulative	
(Use lines a	-c for single or n	nultiple grant reportin	a)					·····			
<u> </u>		ultiple grants, also us		ttachment).							
a. Cash I		ninhie Araine, also us	GIFKA	itaciineritj.	· · · · · · · · · · · · · · · · · · ·				,		
	Disbursements				···				 		8,861.76
	on Hand (line a m	inus b)	-						 	\$53	3,606.92
	o for single grai								<u></u>		
		Inobilgated Balance:									
	ederal funds aut								T		
	al share of expend										N/A
	al share of unlique										N/A
		n of lines e and f)									N/A
· · · · · · · · · · · · · · · · · · ·		Federal funds (line d m	inus a)								N/A
Recipient S		Coordi rando (into a m	iinus gj								N/A
	ecipient share req	ulred									
	ent share of exper	· · · · · · · · · · · · · · · · · · ·									N/A
		e to be provided (iine i	minus i)								N/A
Program inc		· · · · · · · · · · · · · · · · · · ·									N/A
i. Totai Fe	derai program inc	ome eamed				10)					DI/A
m. Prograi	m income expend	led in accordance with	the dedu	ction alternative)						N/A N/A
n. Progran	n income expende	ed in accordance with t	he addit	ion alternative							N/A
o. Unexpe	nded program inc	ome (line I minus line r	m or line	n)					*		N/A
	а. Туре	b. Rate		c. Period From	Period To	d. Base		e. Amount (harged	f. Federal Share	14/21
11. Indirect	N/A		N/A	N/A	N/A		N/A		N/A		N/A
Expense											
	建成的对称于 阿里	PARTIE DE LA RESPONS	場曲的	用的情况和他	g. Totais:		N/A		N/A		N/A
12. Remarks:	Attach any expla	anations deemed neces	ssary or	information requ	iired by Feder	al sponsoring	g agency in co	mpliance wit	h governing leg	Islation:	
See Page 2											
3. Certificati	ion: By signing	this report, i certify t	hat It is	true, complete	, and accurat	e to the bes	t of my know	ledge. I am	aware that		
any raise,	, fictitious, or fra	udulent information r	nay sub	ject me to crim	inal, civil, or	administrat	ive penalities				
a. Typed or Pi		Title of Authorized Cert		mciai				c. Telephoi	ie (Area code, r	number and extens	ion)
	Alberto	A. Lamorena \	/								
								d. Email ad	dress		
Class - to on	44.46-20.49	u da de la compania									
. Signature o	of Authorized Cert	mypig Oπigial						e. Date Re	ort Submitted	(Month, Day, Year)
	Cull		~								
	/							14. Agency	use only	ASSISTED AND ASSISTED	Historia I rock
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							l	See Page		STATE OF THE STATE	W 195
									d Form 425 proval Number: 03	48-0061	
									on Date: 10/31/201		

Paperwork Burden Statement

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.



Federal Agency and Organize to Which Report is Submitter		Federal Grant or Other Identifying Nu (To report multiple grants, use FFR A)	umber Assigned by Attachment)	y Federal Agency	Page of
Department of Commerce/I	NOAA	NA09NOS4190175	Section 3	06/306A	2 2
3. Recipient Organization (Nam Government of Guam, Depa			· · · · · ·		
, •		u Hagatna, GU 96910-0212 GUM - Guam			
4a. DUNS Number	4b. EIN	Recipient Account Number or Identify	down Mirror hour	0.0.47	T. 22. 1. 1. 1.
Ta. Dono Humbo	Jab. Lin	(To report multiple grants, use FFR A	ring number attachment)	Report TypeQuarterly	6. Basis of Accounting
778904292	980018947	5101H100930CE101		☑ Semi-Annual ☐ Annual	
				☐ Final	☐ Cash
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		Reporting Period End De From: (Month, Day, Yea	
C	October 1, 2009	March 31, 201		·	September 30, 2010
12. Remarks: Attach any explan	ations deemed necessary or	r Information required by Federal sponsoring a		ice with governing legislation	7.
10/7/10 - \$45,516.87 10/19/10 - \$31,965.48					
4. Agency use only:					···
Below is an automated analysidisplayed in the workflow con	sis of this SF-425 by Grar mments.	nts Online. Any analysis or issues with the	his report by the	Federal Grants Manager	nent Specialist will be
This report has NOT been sul	bmitted.				
Cash on hand (line 10.c) is \$6	55,254.84. An explanatio	on for this large amount of cash on hand is	s required from	the recipient.	
This is a Coastal Zone Manag	gement Award. The recip	pient has reported cash receipts of \$598,8 or all CZM sections of this award.	61.76. The Fed	eral accounting system (C	CBS) has determined that
There are no other CZM secti	ions for this award. The ro	ecipient has reported eash receipts of \$59	8,861.76 on Lin	ic 10.a.	
The Federal accounting system An explanation of this discrep	m (CBS) has determined	that the amount received by the recipient	is \$550,788.67.		
None of the SF-425 Reports for letermined to add up to the to	or this award should be a stal withdrawn amount for	accepted by the Grants Specialist until all or the Award, or some other appropriate c	CZM sections a xplanation is pro	re submitted and the sum ovided.	of the Cash Receipts are
Reported cash receipts (Line 1	10.a) for this report indica	ate that the recpient has drawn down 61%	6 of the Federal	funding for this award in	67% of the award period.

(Follow form instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page to Which Report is Submitted (To report multiple grants, use FFR Attachment) 1 2 Department of Commerce/NOAA NA09NOS4190175 Section 309 pages 3. Recipient Organization (Name and complete address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam 4a. DUNS Number Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting (To report multiple grants, use FFR Attachment) □ Quarterly 5101H100930CE102 □ Annual 778904292 980018947 □ Final □ Cash ☑ Accrual 8. Project/Grant Period Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) October 1, 2009 March 31, 2011 September 30, 2010 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federai Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts \$0.00 b. Cash Disbursements \$1,620.00 c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized N/A e. Federal share of expenditures N/A f. Federal share of unliquidated obligations N/A g. Total Federal share (sum of lines e and f) N/A h. Unobligated balance of Federal funds (line d minus g) N/A **Recipient Share:** i. Total recipient share required N/A Recipient share of expenditures N/A k. Remaining recipient share to be provided (line i minus I) N/A Program income: i. Total Federal program income earned m. Program income expended in accordance with the deduction alternative N/A n. Program income expended in accordance with the addition alternative N/A o. Unexpended program income (line i minus line m or line n) N/A a. Type b. Rate c. Period From Period To e. Amount Charged f. Federal Share 11. Indirect N/A N/A N/A N/AN/A Expense g. Totals: N/A 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: See Page 2 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any faise, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001) a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension) d. Email address Alberto A. Lamorena V b. Signature of Authorized e. Date Report Submitted (Month, Day, Year) 14. Agency use only: See Page 2 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

Federal Agency and Organize to Which Report is Submitted		Federal Grant or Other Identifying Number Assigned by (To report multiple grants, use FFR Attachment)	by Federal Agency Page of
Department of Commerce/N	NOAA	NA09NOS4190175 Section 3	309
3. Recipient Organization (Nam Government of Guam, Depa	artment of Administration	n.	
Manuel F. L. Guerrero Build	ding, 212 Aspinall Ave., I	Hagatna, GU 96910-0212 GUM - Guam	
4a. DUNS Number	4b. EIN	Recipient Account Number or identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type 6. Basis of Accounting Quarterly
778904292	980018947	5101H100930CE102	☐ Semi-Annual ☐ Annual ☐ Final ☐ Cash ☐ Accrual
Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)	9. Reporting Period End Date From: (Month, Day, Year) PACCIDAL
	October 1, 2009	March 31, 2011 r Information required by Federal sponsoring agency in complian	September 30, 2010
14. Agency use only:			
Below is an automated analys displayed in the workflow con	is of this SF-425 by Gramments.	nts Online. Any analysis or issues with this report by the	Federal Grants Management Specialist will be
This report has NOT been sub	omitted.		
amount received by the reciping There are no other CZM section. The Federal accounting system An explanation of this discrepion of the SF-425 Reports for determined to add up to the to	ient is \$550,788.67 for all ions for this award. The rom (CBS) has determined to bancy should be provided for this award should be acted withdrawn amount for	accepted by the Grants Specialist until all CZM sections a profite Award, or some other appropriate explanation is profite.	are submitted and the sum of the Cash Receipts are rovided.
Reported cash receipts (Line 1	0.a) for this report indica	ate that the recpient has drawn down 0% of the Federal fi	unding for this award in 67% of the award period.

				(Follow form instruction					
		anizational Element		al Grant or Other Identifying		d by Federal	Agency	Page	of
to which	Report is Subm	Detri	(To re	port multiple grants, use FF	R Attachment)			1	2
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Departme	ent of Commerc	ce/NOAA	NA.	109NOS4190175	Section	n 310		Í	1
3. Recipien	t Organization (Name and complete address in	cluding Zin co	da)					pa
		epartment of Administration		ue)					
	-	uilding, 212 Aspinall Ave.,		06010 0212 GTB4 C					
4a. DUNS		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						-	
a. DUNS	Anuper	4b. EIN		ent Account Number or Ide		0.0	port Type	7. Basis of Acco	unting
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			45			o Fin	al	□ Cash ☑ A	Accruat
3. Project/G			199			9. Reporting	Period End Da		
From: (N	fonth, Day, Year		To: (Mon	th, Day, Year)			Day, Year)		
		October 1, 2009		March 31,	2011	1		September 30, 2	2010
10. Trans a	ctions			.50				Cumulative	
Use lines a	a-c for single or	multiple grant reporting)					AMO 112 2012		
		nuitipie grants, also use FFR	Attachment)	:			2000 100		
a. Cash								\$33	7,408.32
	Disbursements		-ARMS NO						3,032.28
c. Cash	on Hand (line a i	minus b)							1,032,20
Use lines d	l-o for single gr	ant reporting)							
Federal Ex	penditures and	Unobligated Balance:	16				V		
d. Totai l	Federai funds au	thorized	10.806	(t) (t)					N/A
e. Federa	al share of expe	nditures							N/A
		uidated obligations		1000					N/A
		um of lines e and f)							N/A
		f Federal funds (line d minus g)						N/A
Recipient S									
	ecipient share re								N/A
	ent share of expe	enatures are to be provided (line i minus							N/A
Program in		are to be provided (line i minus	D						N/A
THE OWNER OF THE OWNER OWNER OF THE OWNER	derai program ir	rcome earmed							
		nded in accordance with the de	duction altern	othro					N/A
		ded in accordance with the add							N/A
		ncome (line i minus line m or lin		76					N/A
	a. Type	b. Rate	c. Period F	rom Period To d. Base		e. Amount C	borond	f Fade-1 Ob	N/A
l. indirect	N/A	N/A		N/A	N/A	e. Amount C	N/A	f. Federal Share	27/4
Expense	27.889				- N/A		IV/A		N/A
6.5		The second second second		g. Totals:	N/A		N/A		N/A
. Remarks:	: Attach any exp	lanations deemed necessary o	or information	required by Federal sponso	oring agency in co	mpliance with	governing legis	siation:	NA
ee Page 2				-1.	2000		***************************************		
. Certificat	ion: By signin	g this report, I certify that it	is true, comp	lete, and accurate to the	best of my know	iedge. i am	aware that		
Tunned on C	, ricumous, or tr	audulent information may su	ubject me to	criminal, civil, or adminis	trative penalities			-	
Typea or P	nnted Name and	d Title of Authorized Certifying	Official			c. Telephone	Area code, n	umber and extension	on)
	10								
	Alberto	A. Lamorena V				d. Email add	ress		
Signature	of Authorized Ge								
Signature C	Authorized de	Lilying Ourclan			3	e. Date Rep	ort Submitted (Month, Day, Year)	
	Cuh								
234						14. Agency u	se only:		SVED SUM
						THE PERSON N	D. C.		
						101-01-01			Marie Elic
							roval Number: 034	8-0061	
						See Page 2 Standard OMB App	Form 425		

Paperwork Burden Statement

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Federal Agency and Organiz to Which Report is Submitted		Federal Grant or Other Identifying N (To report multiple grants, use FFR)	lumber Assigned b Attachment)	y Federal Agency	Page I	of
Department of Commerce/N	VOAA	NA09NOS4190175	Section 3	310	2	2
Recipient Organization (Nam Government of Guam, Department)		s including Zip code)		8	- -	<u></u>
Manuel F. L. Guerrero Build	ling, 212 Aspinall Ave., Hag	atna, GU 96910-0212 GUM - Guam				
4a. DUNS Number	4b. EIN	Recipient Account Number or Identif (To report multiple grants, use FFR A		6. Report Type 6.	Basis of Accou	nting
778904292	980018947	510!H100930CE103		Semi-Annual Annual	Cook 177 A	
8. Project/Grant Period From: (Month, Day, Year)	<u></u>	To: (Month, Day, Year)		9. Reporting Period End Date From: (Month, Day, Year)	Cash 📝 A	Accrual
	October 1, 2009	March 31, 20 primation required by Federal sponsoring		Sept	ember 30, 20	10
amount of (\$5,623.96). Please be mindful, subsequer cover the negative cash on he 10/7/10 - \$4,676.04 10/19/10 - \$2,369.84	nt drawdowns were made imand as of 9/30/10:	mediate after the closing of the semi	-annual reporting	g period. The following drawd	lowns were m	ade to
14. Agency use only: Below is an automated analys displayed in the workflow cor	is of this SF-425 by Grants (Online. Any analysis or issues with	this report by the	e Federal Grants Management	Specialist wil	l bc
displayed in the workflow cor This report has NOT been sub						
		r this large amount of cash not draw	n down to cover	expenses is required from the	recipiont	
This is a Coastal Zone Manag amount received by the recipi There are no other CZM section	ement Award. The recipient ent is \$550,788.67 for all CZ ons for this award. The recip n (CBS) has determined that	t has reported cash receipts of \$37,40. M sections of this award. ient has reported cash receipts of \$30. the amount received by the recipien	98.32. The Fede	eral accounting system (CBS) h		d that the
None of the SF-425 Reports for determined to add up to the to	or this award should be acceptal withdrawn amount for the	pted by the Grants Specialist until all e Award, or some other appropriate of	CZM sections a	are submitted and the sum of the order.	ne Cash Recei	ipts are
Reported cash receipts (Line 1	0.a) for this report indicate t	hat the recpient has drawn down 4%	of the Federal f	unding for this award in 67% (of the award p	eriod.

(Follow form instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page of to Which Report is Submitted (To report multiple grants, use FFR Attachment) 1 2 Department of Commerce/NOAA NA08NOS4190455 **Section 306/306A** pages 3. Recipient Organization (Name and complete address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam 4a. DUNS Number 5. Recipient Account Number or Identifying Number Report Type 7. Basis of Accounting (To report multiple grants, use FFR Attachment) □ Quarterly 5101H090930CE101 778904292 980018947 □ Annual □ Final □ Cash ☑ Accrual 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) October 1, 2008 March 31, 2011 September 30, 2010 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federai Cash (To report muitipie grants, also use FFR Attachment): a. Cash Receipts \$630,560.30 b. Cash Disbursements \$650,257.07 c. Cash on Hand (line a minus b) -\$19,696.77 'Use lines d-o for single grant reporting) Federal Expenditures and Unobilgated Balance: d. Total Federal funds authorized N/A e. Federal share of expenditures N/A f. Federal share of unliquidated obligations N/A g. Total Federal share (sum of lines e and f) N/A h. Unobligated balance of Federal funds (line d minus g) N/A Recipient Share: i. Total recipient share required N/A j. Recipient share of expenditures N/A k. Remaining recipient share to be provided (line I minus j) N/A Program income: I. Total Federal program income earned N/A m. Program income expended in accordance with the deduction alternative N/A n. Program income expended in accordance with the addition alternative N/A o. Unexpended program income (line I minus line m or line n) N/A b. Rate а. Туре c. Period From Period To d. Base e. Amount Charged f. Federal Share 11. Indirect N/A N/A N/A N/A N/A Expense g. Totais: N/A N/A 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any faise, fictitious, or frauduient information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001) a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension) Alberto A. Lamorena V d. Email address b. Signature of Authorized e. Date Report Submitted (Month, Day, Year) 14. Agency use only:

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

See Page 2

Standard Form 425

OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011



Federal Agency and Organiz to Which Report is Submitted		Federal Grant or Other Identifying N (To report multiple grants, use FFR)	lumber Assigned b Attachment)	y Federal Agency	Page	of
Department of Commerce/N	íOAA	NA08NOS4190455	Section 3	306/306A	2	2
Recipient Organization (Nam- Government of Guam, Department)	e and complete mailing address rtment of Administration	s Including Zip code)				
Manuel F. L. Guerrero Build	ing, 212 Aspinall Ave., Hag	gatna, GU 96910-0212 GUM - Guam	1			
4a. DUNS Number	4b. EIN	Recipient Account Number or Identifi (To report multiple grants, use FFR A	ifying Number	6. Report Type 6	6. Basis of Accour	nting
779004202	000010047	5101H090930CE101		☑ Semi-Annual		
778904292	980018947			☐ Annual ☐ Final ☐	Cash [✓] A	Accrual
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		Reporting Period End Date From: (Month, Day, Year)		
	October 1, 2008	March 31, 20 formation required by Federal sponsoring		Se	eptember 30, 201	10
14. Agency use only:						
		Online. Any analysis or issues with	this report by the	e Federal Grants Manageme	nt Specialist wil	l be
This report has NOT been sub	mitted.					
Cash on hand (line 10.c) is -\$1	.9,696.77. An explanation f	for this large amount of cash not dray	wn down to cove	er expenses is required from	the recipient.	
the amount received by the rec There are no other CZM section	cipient is \$698,487.16 for all ons for this award. The recip n (CBS) has determined that	nt has reported eash receipts of \$630,: Il CZM sections of this award, pient has reported eash receipts of \$6 at the amount received by the recipient the recipient.	530,560,30 on Lin	inc 10.a.	S) has determine	ed that
None of the SF-425 Reports for determined to add up to the tot	r this award should be acceptal withdrawn amount for the	epted by the Grants Specialist until al	l CZM sections r explanation is pr	are submitted and the sum o rovided.	f the Cash Recei	ipts are
Reported cash receipts (Line 1	0.a) for this report indicate (that the recpient has drawn down 679	% of the Federal	funding for this award in 80	0% of the award	period.

	Agency and Orga Report is Submi	anizational Element litted	Federal Grant or O (To report multiple		-	by Federal Agency	Page of
Departme	ent of Commerce	e/NOAA	NA08NOS	4190455	Section	309	
		lame and complete address incepartment of Administration	oluding Zip code)				pag
,	•	uilding, 212 Aspinall Ave., F	Iagatna, GU 96910-0212	GUM - Guam			
4a. DUNS N		4b. EIN				- la a	
Ha. DONG	varriber	4b. Life	5. Recipient Account I (To report multiple			6. Report Type	7. Basis of Accounting
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,	□ Quarterly	
			5101H090930CE10	2		⊠ Semi-Annual	
778	8904292	980018947				□ Annual	1
8. Project/G	rant Period	4				☐ Final	☐ Cash ☑ Accrual
	irant Period fonth, Day, Year)		To: (Month, Day, Year	= _		9. Reporting Period End Da	ate
(10		October 1, 2008	To. (Month, Day, 19a)	March 31, 20	11	(Month, Day, Year)	Canta-120 0010
10. Transa	ctions			Water 51, 20	11	T	September 30, 2010 Cumulative
 (Use lines a	-c for single or	multiple grant reporting)					Cultulative
		nultiple grants, also use FFR	Attachment):				
a. Cash							60.00
b. Cash	Disbursements						\$0.00 \$0.00
c. Cash	on Hand (line a m	ninus b)		dia.			\$0.00
'Use lines d	l-o for single gra	ant reporting)					30.00
Federal Exp	penditures and	Unobligated Balance:	22/22/2	*****			
d. Totai F	Federal funds aut	thorized		The National Control			N/A
e. Federa	ai share of expen	nditures					N/A N/A
		idated obligations				Res.	N/A
		ım of lines e and f)					N/A
		Federal funds (line d minus g)		- V-V-V-W			N/A
Recipient S							
	ecipient share rec						N/A
	ent share of expe	anditures are to be provided (line i minus)	n				N/A
Program Inc		ile to be provided (ilite i minus)					N/A
-	deral program in	come eamed					
		ded in accordance with the dec	luction alternative				
		ded in accordance with the add		100-200-00-00-00-00-00-00-00-00-00-00-00-	30 300-00		
o. Unexpe	ended program in	come (line I minus line m or lin	e n)		12/2		N/A
	а. Туре	b. Rate	c. Period From Period	o d. Base		e. Amount Charged	f. Federal Share
1. Indirect	N/A	N/A	N/A N/A		N/A	N/A	N/A
Expense	CANDED THE RESIDENCE OF THE	AND THE REST WAS A PROPERTY AND					
2 Pamarke	Attach any evol	lanations deemed necessary o	g. Tot	als:	N/A	N/A	N/A
ee Page 2	. Allacii aliy expi	lanations deemed necessary o	inionnauon requirea by r	eaerai sponsonr	ig agency in coi	npilance with governing legi	slation:
	tion: By signing	g this report, i certify that it is	true, complete, and acc	urate to the he	st of my knowl	adra I am awara that	
any false	, fictitious, or fr	audulent information may su	bject me to criminai, civ	l. or administra	tive penalities.	(U.S. Code, Title 218, Sec	tion 1001\
Typed or P	rinted Name and	Title of Authorized Certifying C	Official			c. Telephone (Area code, n	
Alberto A. Lamorena V					Ī	d. Email address	
Signature o	of Authorized Cer	tifying efficial		<u> </u>		e. Date Report Submitted	(Month, Day, Year)
	Chi)					10100	
	,		300 30 CO			14. Agency use only:	Reference and the
					- 1	See Page 2	
						Standard Form 425	
						OMB Approval Number: 03- Expiration Date: 10/31/2011	

Paperwork Burden Statement

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

Federal Agency and Organiz to Which Report is Submitted		Federal Grant or Other Identifying Number Assigned by (To report multiple grants, use FFR Attachment)	y Federal Agency	Page	of
Department of Commerce/N	IOAA	NA08NOS4190455 Section 3	09	2	2
Recipient Organization (Name Government of Guam, Deparement)			 		
=		Hagatna, GU 96910-0212 GUM - Guam			
4a. DUNS Number	4b. EIN	Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	6. Basis of Accoun	nting
778904292	980018947	5101H090930CE102	Semi-Annual Annual		
Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)	9. Reporting Period End Day From: (Month, Day, Yea	ate	Accrual
0	ctober 1, 2008	March 31, 2011		September 30, 20	10
4. Agency use only:					
Below is an automated analys displayed in the workflow con		its Online. Any analysis or issues with this report by the	e Federal Grants Manager	nent Specialist wil	l be
This report has NOT been sub	mitted.				
amount received by the recipion There are no other CZM section	ent is \$698,487.16 for all ons for this award. The re n (CBS) has determined t	ecipient has reported eash receipts of \$0.00 on Line 10.a. that the amount received by the recipient is \$698,487.16		as determined that	the
None of the SF-425 Reports for determined to add up to the total	or this award should be actal withdrawn amount for	ecepted by the Grants Specialist until all CZM sections at the Award, or some other appropriate explanation is pre-	are submitted and the sum ovided.	of the Cash Recei	pts are
Reported cash receipts (Line I	0.a) for this report indica	ate that the recpient has drawn down 0% of the Federal f	funding for this award in 8	80% of the award p	eriod.

(Follow form Instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page to Which Report is Submitted (To report multiple grants, use FFR Attachment) 2 Department of Commerce/NOAA NA08NOS4190455 Section 310 pages 3. Recipient Organization (Name and complete address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam 4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting (To report multiple grants, use FFR Attachment) □ Quarterly ☑ Semi-Annual 5101H090930CE103 □ Annual 778904292 980018947 □ Final □ Cash ☑ Accrual 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) October 1, 2008 March 31, 2011 September 30, 2010 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts \$67,926.86 b. Cash Disbursements \$67,926.86 c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized N/A e. Federal share of expenditures N/A f. Federal share of unliquidated obligations N/A g. Total Federal share (sum of lines e and f) N/A h. Unobligated balance of Federal funds (line d minus g) N/A **Recipient Share:** Total recipient share required N/A Recipient share of expenditures N/A k. Remaining recipient share to be provided (line i minus j) N/A Program Income: I. Total Federal program income earned N/A m. Program income expended in accordance with the deduction alternative N/A n. Program income expended in accordance with the addition alternative N/A o. Unexpended program income (line I minus line m or line n) N/A c. Period From Period To а. Туре b. Rate d. Base e. Amount Charged f. Federal Share 11. Indirect N/A N/A N/A N/A Expense g. Totals: 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: N/A N/A 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001) a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension) Alberto A. Lamorena V d. Email address b. Signature of Authorized e. Date Report Submitted (Month, Day, Year)

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Agency use only:
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Paperwork Burden Statement

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	and complete malling address nent of Administration	NA08NOS4190455 Section 3 ss Including Zip code) gatna, GU 96910-0212 GUM - Guam	310	2	2
Government of Guam, Departr Manuel F. L. Guerrero Buildin 4a. DUNS Number	nent of Administration g, 212 Aspinall Ave., Ha				
4a. DUNS Number 4		gatna, GU 96910-0212 GUM - Guam			
	b. EIN		25		
778904292		Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type Quarterly	6. Basis of Acc	ounting
	980018947	5101H090930CE103	☑ Semi-Annual ☐ Annual ☐ Final	☐ Cash 🔽	Accrual
Project/Grant Period From: (Month, Day, Year) Oct	ober 1, 2008	To: (Month, Day, Year)	Reporting Period End Date From: (Month, Day, Year)		
		March 31, 2011 formation required by Federal sponsoring agency in compila	September 30, 2010		2010
4. Agency use only:					
7	of this SF-425 by Grants nents.	Online. Any analysis or issues with this report by the	e Federal Grants Managem	ent Specialist	vill be
This report has NOT been submi	itted.				
amount received by the recipient There are no other CZM sections	is \$698,487.16 for all C for this award. The reci CBS) has determined the	pient has reported cash receipts of \$67,926.86 on Linut the amount received by the recipient is \$698,487.16	e 10.a.	S) has determi	aed that the
None of the SF-425 Reports for t determined to add up to the total	this award should be acco withdrawn amount for th	epted by the Grants Specialist until all CZM sections are Award, or some other appropriate explanation is pre-	are submitted and the sum ovided.	of the Cash Re	ccipts are
Reported cash receipts (Line 10.8	a) for this report indicate	that the recpient has drawn down 7% of the Federal i	funding for this award in 80	0% of the awar	d period.

(Follow form instruction)

e. Federal share of expenditures f. Federal share of unliquidated obligations g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g) Recipient Share: i. Total redpient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) Program income: i. Total Federal program income eamed m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) 11. Indirect Expense a. Type b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share g. Totals:	of
Au DUNS Number	
P.O. Box 2960Hagatna, GU 96932-2960	
T78904292 B8-0018947 S101E080933PA101	
Render Annual Render Ren	
8. Project/Grant Period From: (Month, Day, Year) 10/01/2007 10. Transaction (Use lines a-c for single or multiple grant reporting) Federal Cash (*C report multiple grants also use FFR Attachment): a. Cash Receipts b. Cash Disbursements c. Cash not learn (line a minus b) (Use lines d-c for single or multiple grants also use FFR Attachment): 4. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b) (Use lines d-c for single grant reporting) Federal Expenditures and Unobligated Balance: 4. Total Federal share of expenditures 5. Federal share of uniquidated obligations 6. Federal share of uniquidated obligations 7. Total Federal share of uniquidated obligations 8. Total Federal share of uniquidated obligations 9. Total Federal share of uniquidated obligations 1. Total recipient share required 1. Total recipient share required 1. Total recipient share nequired 1. Total Federal program income expended (line I minus j) Frogram income: 1. Total Federal program income expended in accordance with the deduction alternative 0. Unexpended program income expended in accordance with the deduction alternative 0. Unexpended program income expended in accordance with the addition alternative 0. Unexpended program income expended in accordance with the addition alternative 0. Unexpended program income expended in accordance with the addition alternative 0. Unexpended program income expended in accordance with the addition alternative 0. Unexpended program income expended in accordance with the addition alternative 0. Unexpended program income (line I minus line m or line n) 0. Totals: 0. Totals:	ual
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d. Total Federal funds authorized \$ 96,54 e. Federal share of expenditures \$ 96,54 f. Federal share of unliquidated obligations \$ 96,54 h. Unobligated balance of Federal funds (line d minus g) \$ 96,54 h. Unobligated balance of Federal funds (line d minus g) \$ 5 Recipient Share: i. Total recipient share required \$ (in the control of	
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f. Federal share of unliquidated obligations g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g) Recipient Share: i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) Program Income: i. Total Federal program income eamed m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line i minus line m or line n) 11. Indirect Expense a. Type b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share og. Totals:	94.00
g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g) Recipient Share: i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line I minus j) Program Income: i. Total Federal program income earned m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ (0) 11. Indirect Expense A. Type D. Rate C. Period From Period To d. Base e. Amount Charged f. Federal Share	40.00
h. Unobligated balance of Federal funds (line d minus g) Recipient Share: i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) Program income: i. Total Federal program income earned m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ (0) 11. Indirect Expense Not Applicable Portod From Period To d. Base e. Amount Charged f. Federal Share	0.00
Recipient Share: i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) Program Income: i. Total Federal program income eamed m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ (1) 11. Indirect Expense Not Applicable Not Applicable Not Applicable Period To d. Base e. Amount Charged f. Federal Share	40.00
i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) Program Income: i. Total Federal program income eamed m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ (0) 11. Indirect Expense Not Applicable D. Rate C. Period From Period To d. Base e. Amount Charged f. Federal Share Q. Totals:	54.00
j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) Program Income: i. Total Federal program income earned m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) 11. Indirect Expense Not Applicable D. Rate D. Period From Period To D. Base D. Amount Charged F. Federal Share G. Totals:	
k. Remaining recipient share to be provided (line i minus j) Program Income: i. Total Federal program income eamed m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ () 11. Indirect Expense A. Type D. Rate C. Period From Period To D. Base D. Amount Charged F. Federal Share G. Totals:	0.00
Program Income: i. Total Federal program income eamed m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ (0) 11. Indirect Expense Not Applicable D. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share g. Totals:	0.00
ii. Total Federal program income eamed m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ (0) 11. Indirect Expense Not Applicable D. Rate D. Rate D. Rate D. Period To D. Base D. Amount Charged F. Federal Share G. Totals:	0.00
m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ () 11. Indirect Expense	
n. Program income expended in accordance with the addition alternative o. Unexpended program income (line I minus line m or line n) \$ (0) 11. Indirect Expense Not Applicable Do Rate Do R	0.00
o. Unexpended program income (line I minus line m or line n) \$ (11. Indirect Expense Not Applicable Not Applicable	
11. Indirect Expense	0.00
Expense Not Applicable 1. Pederal Share	0.00
。 1910年,1923年,李明明的中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中	
自然的自然是一个人,但是自然的,但是不是一个人,也是不是一个人,也是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们	
12. Hemarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:	
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code Title 18, Section 1001)	
a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer c. Telephone (Area code, number and extension) (671) 475-9682 d. Email address	
terry.cuabo@bsp.guam.gov	
b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) 10/18/2010	
14. Agency use only: OJP Vendor Number: 980017947	
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011	
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control	

Y

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

	Agency and Organizational Elem- Report is Submitted	ent	2. Federal Grant o By Federal Age	r Other Identifying Number	r Assigned	1	MB Approval No.	Page of	
Office	epartment of Justice of Justice Programs		2007	7-CD-BX-0061 Paul Coverdeil Forensic Imp	o. Grant	112	1121-0264		
BU P.C	t Organization (Name and compli IREAU OF STATISTICS AND PI D. BOX 2950 IGATNA, GUAM 96932		s, including ZIP co	de)	QUARTE	RLY REPORT			
4. Employer	dentification Number 98-0017947	5. Recip	ient Account Numbe 5101E080933PA1	r or Identifying Number 01	6. Final F (X) YES		7. Basis []Cash [X] Accrual	
	Grant Period (See Instructions) Ionth, Day, Year) 10/01/07	To: (Mo	onth, Day, Year) 09/30/10	9. Period Covered by From: (Month, Day 07/01/2010		To: (Month, Da	ay, Year) /2010		
10. Transac				l Previously Reported		II This Period	III Cumu		
a. Total o	outlays			69,398		27,142		96,540	
b. Recipi	ient share of outlays			0		0		0	
c. Federa	al share of outlays			69,398		27,142			
d. Total ι	unliquidated obligations			00,000				96,540	
e. Recipi	ent share of unliquidated obligati	ons		7				0	
f. Federa	al share of unliquidated obligation	าร		1				0	
g. Total F	Federal share (Sum of lines c and f)			-		1		0	
h. Total F	Federal funds authorized for this	funding pe	eriod	-				96,540	
i. Unoblig	gated balance of Federal funds	(Line	h minus line g)	-				96,594	
11. Indirect Expense	a. Type of Rate (Place "X	(* in appro [] Predet	priate box) ermined	[]Final	internation and the control arms	[X] Fixed		54	
240	b. Rate	c. Base		d. Total Amount		e. Federal Sha	are		
12. Remarks: legislation	Attach any explanations deeme n.	ed necess	ary or information r	L equired by Federal spon	soring age	L ncy in compliand	e with governing		
13. Certificati	ion: I certify to the best of my unliquidated obligations	knowled are for t	ge and belief that he purpose set fo	this report is correct a rth in the award docum	nd comple nents.	te and that all o	outlays and		
ALB	nted Name and Title BERTO A. LAMORENA V, DIRE eau of Statistics and Plans	CTOR			Telephone		mber and extension)	
Signature of	Authorized Certifying Official		·		Date Repo	ort Submitted			

(Follow form instruction)

Federal Agency and Organizational Element Which Report is Submitted To report multiple grants, use FFR Attact						ifying Number Ass	igned by Fe	deral Agancy		Page	of
	t is Submitted artment of Justice				iultiple grants, use i I-BX-0063	FH Attachment)				F.	1 .
	ganization (Name and o	∽mnlete address	Including Zip or		D/(0000						<u>'</u>
	eau of Statistics and		modeling zip co	Ale)							
	950Hagatna, GU 96										
4a. DUNS Numi	per 4b. EIN				ber or identifying No			6. Report Type Quartely	7. Basis of A	ccounting	1
778904292	98-0018	1947	5101H0709	20EI108				Semi-Annual Annual Final	∏ Cash	∭ Acc	crual
8. Project/Grant			<u> </u>					Reporting Period End Date			
From: (Month 10/01/2			To: (Month, D 09/30/					09/30/2010			
10. Transaction	18							Cumu	ılative		
(Use lines a-c f	or single or multiple grai	nt reporting)								765-76	
	(To report multiple gr	ants also use Fi	R Attachment)):							
a. Cash R											
	sbursements						_		3.50		
	Hand (line a minus b)			-							
	or single grant reporting nditures and Unobilga										
	deral funds authorized	ioo baasioo:				230.190				£ 1 100	040.00
e. Federal	share of expenditures		-				1743-05			3 T. C.	2,013.00
f. Federal :	share of unliquidated ob	ilgations							-		,216.11
g. Total Fe	deral share (sum of ilne	es e and f)								\$ 1,132	,796.89
h. Unobliga	ated balance of Federal	funds (line d min	us g)						<u> </u>	\$.00
Recipient Sha	re:										.00
i. Total rec	pient share required						-	100		\$	0.00
j. Recipien	share of expenditures								2-1-1	\$	0.00
k. Remalni	ng recipient share to be	provided (line i n	ninus j)			101-200				\$	0.00
Program inco	me:								700		
I. Total Fed	eral program income ea	amed		2000						\$ 33	,581.56
m. Progran	n income expended in a	ccordance with the	e deduction alte	emative					-48.58		
n. Program	income expended in ac	cordance with th	e addition altern	ative						\$ 33.	,581.56
o. Unexper	ded program income (li	ine I minus ilne m	or line n)				77			\$	0.00
11. Indirect	a. Type	b. Rate	c. Period F	rom	Period To	d. Base		e. Amount Charged	f. Feder		0.00
Expense	Not Applicable										
			UUStaan Ericus								
					g. Totals:						
12. Remarks: Att	ach any explanations de	eemed necessary	or information r	required by F	ederal sponsoring a	agency in compilar	nce with gov	eming legislation:			
125											
13. Certification: any false, fic	By signing this reportitious, or fraudulent in	rt, I certify that I	t is true, compl subject me to	ete, and acc criminal, civ	urate to the best o	f my knowledge.	I am aware	that			
	ed Name and Title of Au				11 (X 10.1 · ·		1				
• •	, Administrative Office		ly Onicial					one (Area code, number and ex 475-9682	tension)		
Terry Odabo	, Administrative One)	/	,		May 200	d. Email a terry.c	uddress uabo@bsp.guam.gov			
b. Signature of A	uthorized Certifying Offi	iidal / C	1		_		e. Date R 10/27/	eport Submitted (Month, Day, Y 2010	'ear)		
		7		100			STREET, STREET, SQUARE,	ncy use only:		Y	
							COP VE	ndor Number: 980017947 Standard Form 425 OMB			
								Approval Number: 0348-0 Expiration Date: 10/31/20	061		
number for this i searching existing	Paperwork Reduction Announcement on collection is a data sources, gatheri	0348-0061. Pub ing and maintaini	lic reporting bure	den for this o ded. and com	oliection of informat poleting and reviewi	ion is estimated to	average 1.4	plays a valid OMB Control Numl 5 hours per response, Including	ber. The valid O	g instructi	ons,
aspect of this co	liection of information.	including sugges	tons for reducing	g this burden	, to the office of Ma	nagement and Bud	dget. Paper	work Reduction Project (03448-	-0060). Washing	ton, DC 2	0503

Printed by GMS on 10/27/2010 08:00 PM

(Short Form)

1	Agency and Organizational Elem Report is Submitted	Federal Grant o By Federal Age	r Other Identifying Numbe	r Assigned	ON	IB Approval No.	Page of	
	11		,	,		1121-0		1/1
	epartment of Justice of Justice Programs		200	7-DJ-BX-0063				nagos
			2007	Byrne Justice Assistance G	irant			pages
Recipient	Organization (Name and comp	ete addres	ss, including ZIP co	de)				
P.C	REAU OF STATISTICS AND P D. BOX 2950 GATNA, GUAM 96932	LANS			QUARTER	ELY REPORT		
4. Employer	Identification Number	5. Recip	pient Account Number	er or Identifying Number	6. Final R	eport 7	. Basis	
	98-0017947		5101H070920EI10	08	[] YES	[X] NO	[]Cash [X] Accruai
8. Funding/0	Grant Period (See Instructions)	1		9. Period Covered b	v this Repor	t		
From: (M	onth, Day, Year)	To: (Mo	onth, Day, Year)	From: (Month, Day		To: (Month, Da	y, Year)	
	10/1/2006		9/30/2019	7/1/2010		09/30/2	010	
10. Transac	ctions:		****		(42)	ll l	111	
				Previously		This	Cumula	tive
a. Total o	outlavs		4	Reported	Р	eriod		
				848,031		96,570		944,601
b. Recipi	ent share of outlays					0		
c. Federa	al share of outlays						***	0
d. Total u	unliquidated obligations			848,031		96,570		944,601
a Basini	ant above of units detect ability							188,797
e. Recipi	ent share of unliquidated obligat	ions						0
f. Federa	al share of unliquidated obligation	ns						- <u>- II</u>
g. Total F	ederal share (Sum of lines c and f)					i i i i i		188,797
h. Total F	Federal funds authorized for this	funding pe	eriod					1,133,398
i Unobli	gated balance of Federal funds	/l ino	h minus line g)				<u> </u>	1,132,013
• • • • • • • • • • • • • • • • • •			•					(1,385)
11. Indirect	a. Type of Rate (Place *)	(<i>" in appro</i> Prede	ppriate box) termined	[] Final		[X] Fixed		
Expense				[][[X] r ixou		
	b. Rate	c. Base		d. Total Amount		e. Federal Sha	re	
12. Remarks:	Attach any explanations deem	ed necess	ary or information i	required by Federal spor	nsoring ager	ncv in compliance	e with governing	
legislation								
		•			000000000000000000000000000000000000000	oxponded in the	Togram meone secu	011.
13. Certificat	lon: I certify to the best of my	/ knowled	ge and belief that	this report is correct a	and complet	te and that all o	utlays and	
	unliquidated obligation	s are for t	the purpose set fo	orth in the award docum	nents.			
	nted Name and Title				Telephone	(Area code, nun	nber and extension)	
	ERTO A. LAMORENA V, DIRE eau of Statistics and Plans	CTOR	5			1- 67	71- 472 -4201	
Signature of Authorized Certifying Official					D-4- E			
Signature Of	Authorized Cardining Chicial			_	рате неро	ort Submitted		:4
	LUTCE							

(Follow form instruction)

	ency and Organization	ional Element	signed by Federal Aga	jancy	F	Page	of			
	ort is Submitted Dartment of Just	atice	1	(To report multiple grants, the 2007-RT-BX-0056	,				1	4
		and complete address	- Including Zip c							<u>' </u>
Guam Bur	reau of Statistics at 2950Hagatna, Gi	and Plans	Indicag _ ,				1			
4a. DUNS Numi	iber 4b.	o. EIN		Account Number or Identifyir multiple grants, use FFR Atta		· ·	port Type	7. Basis of Acco	ounting	
778904292	98-/	-0018947	5101H0709		Chmerity	☐ Sen	uartely emi-Annual			
		/U105+,	51011.5	2036 107			nual	Cash	X Accr	erual
8. Project/Grant From: (Month 10/01/2	th, Day, Year)		To: (Month, D			9. Repo	oorling Period End Date			
10. Transaction	ns						C u mula	ative		
(Use lines a-c f	for single or multiple	e grant reporting)								11
Federal Cash	n (To report multip	ple grants also use Ff	FR Attachment	Δ):			P			
a. Cash R			II							
	Disbursements									
	on Hand (line a minus									
	for single grant repo									
	enditures and Unob									
	ederal funds authoriz							\$	\$ 38,	,567.00
	al share of expenditur								\$ 7,1	,169.61
	I share of unliquidate							\$,397.39
	ederal share (sum of	1117						- \$,567.00
h. Unobliga Recipient Sha		ederal funds (line d min	ius g)						\$.00
	cipient share require	- J								
	nt share of expenditu								\$	0.00
		to be provided (line i m	minus i)						\$	0.00
Program Incor		0 0 0 p				1			\$	0.00
-	ederal program incom	me eamed		*						
		d in accordance with th	the deduction alf	hrading					\$	0.00
		d in accordance with the								
		d in accordance with the me (line I minus line m		ative					\$	0.00
				Parlad To					\$	0.00
11. Indirect Expense	a. Type Not Applicable	b. Rate	c. Period F	From Period To	d. Base	8. AI	Amount Charged	f. Federal Si	hare	- 11
	Not Applicable	3								
				g. Totals:						
12. Remarks: Att	ach any explanation	ns deemed necessary	or information r	required by Federal sponsor	ring agency in compliand	ice with governing lec	jislation:			
13. Certification: any false, fic	: By signing this r ctitious, or fraudule	report, I certify that if ent information may	it is true, compl / subject me to	elete, and accurate to the be criminal, civil, or administr	est of my knowledge. trative penalities. (U.S.	I am aware that . Code Title 18, Sec	tion 1001)			
**		of Authorized Certifyin	ng Official				a code, number and exten	nsion)		
Terry Cuabo	o, Administrative (Officer				(671) 475-9682 d. Email address	2			
		~ <u> </u>		,	/	terry.cuabo@b	bsp.guam.gov		417	
b. Signature of A	Authorized Cortifying	g Official	1	u			bmitted (Month, Day, Year	r)		
		- /				14. Agency use of OJP Vendor Num	only: mber: 980017947			
						Аррі	andard Form 425 OMB proval Number: 0348-0061 piration Date: 10/31/2011			
Penerwork Bur	rden Statement		-				There's a second			

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	gency and Organizational Elen Report is Submitted	nent	2. Federal Grant of By Federal Age	or Other Identifying Numbe ency	r Assigned	MB Approval No.	Page of		
	partment of Justice		200	07-RT-BX-0056			1121-0264	1/1	
Office	of Justice Programs		200	Expires: 01/31/2006 07 RSAT					
3. Recipient	Organization (Name and comp	lete address,				<u> </u>			
P.0	REAU OF STATISTICS AND P D. BOX 2950 GATNA, GUAM 96932	PLANS			QUARTER	RLY REPORT			
4. Employer	Identification Number 98-0017947		nt Account Number	er or Identifying Number 107	6. Final F		7. Basis	X] Accrual	
	rant Period (See Instructions) onth, Day, Year) 10/1/2006		th, Day, Year) 9/30/2010	9. Period Covered b From: (Month, Day 07/01/2010		To: (Month, D	ay, Year) 30/2010		
(<u> </u>							
10. Transact	lons:			l Previously Reported		II This Period	lli Cumul		
a. Total o	utlays			0		7,170		7,170	
b. Recipie	ent share of outlays			0		0		0	
c. Federa	l share of outlays			0		7,170		7,170	
d. Total u	nliquidated obligations		,			.,			
e. Recipie	ent share of unliquidated obligated	tions						31,397	
f. Federa	l share of unliquidated obligation	ons						0	
g. Total F	ederal share (Sum of lines c and f))						31,397	
h. Total F	ederal funds authorized for this	funding perio	od					38,567	
i. Unoblig	pated balance of Federal funds	(Line h	minus Ilne g)	-		. = =		38,567	
44 (X" in appropr	•					0	
11. Indirect Expense	[] Provisional	[]Predeter	minea	[] Final		[X] Fixed			
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are		
12. Remarks: legislation.	Attach any explanations deem	I ned necessar	y or information	I required by Federal spon	soring ager	ncy in compliand	ce with governing		
13. Certification	on: I certify to the best of my unliquidated obligation	y knowledge is are for the	and belief that purpose set fo	this report is correct a	nd complete	te and that all	outlays and		
Typed or Prin	ted Name and Title				Telephone	(Area code, nu	mber and extension)		
	ERTO A. LAMORENA V,DIRE au of Statistics and Plans	ECTOR					71- 472 -4201		
Signature of A	Authorized Certifying Official				Date Repo	ort Submitted			



(Follow form instruction)

	ency and Organizationt is Submitted	onal Element		ifying Number Assi FR Attachment)	igned by Federal Agancy	Page of					
U.S. Dep	artment of Just	ice	17	2008-DJ-BX-0058			1 1				
3. Recipient O	rganization (Name a	and complete address	including Zip co	de)							
	reau of Statistics 2950Hagatna, Gl			П							
4a. DUNS Num	aber 4b.	EIN	5. Recipient A (To report m	ccount Number or Identifying Nu ultiple grants, use FFR Attachme	imber ent)	6. Report Type K Quartely	7. Basis of Accounting				
778904292	98-0	0018947	5101H0809	20EI108		Semi-Annual Annual Final	Cash K Accruai				
8. Project/Gran From: (Month 10/01/	n, Day, Year)		To: (Month, D	= -		Reporting Period End Date 09/30/2010	3				
10. Transactio	ons			· · · · · · · · · · · · · · · · · · ·		Cum	ulative				
(Use lines a-c	for single or multiple	grant reporting)	2			<u> </u>					
Federal Cast	n (To report multipl	le grants also use F	FR Attachment):								
a. Cash F	Receipts										
b. Cash D	Disbursements										
c. Cash o	n Hand (iine a minu	s b)			V						
(Use lines d-o	for single grant repo	rting)									
Federal Expe	enditures and Unob	oligated Balance:									
d. Total F	ederal funds authori	zed	I .				\$ 373,273.00				
e. Federa	share of expenditu	res					\$ 273,728.33				
f. Federal	share of unliquidate	d obligations					\$ 79,517.45				
g. Total Fe	ederai share (sum o	f lines e and f)					\$ 353,245.78				
h. Unoblig	ated balance of Fed	leral funds (line d min	us g)				\$ 20,027.22				
Recipient Sha	Bre:	-					4 20/02/122				
i. Total red	cipient share require	d					\$ 0.00				
j. Recipien	nt share of expenditu	ires					\$ 0.00				
k. Remain	ing recipient share t	o be provided (line i n	ninus j)		,		\$ 0.00				
Program Inco	me:										
l. Total Fed	deral program incom	ne earned					\$ 0.00				
m. Progran	m income expended	in accordance with the	ne deduction alte	mative			V 0.00				
n. Program	n income expended	in accordance with th	e addition alterna	ative			* 000				
o. Unexpe	nded program incom	ne (line I minus line m	or line n)				\$ 0.00				
11. Indirect	a. Type	b. Rate	c. Period F	rom Period To	d. Base	e. Amount Charged	\$ 0.00				
Expense	Not Applicable			7 0102 10	u. base	e. Allouit Charged	f. Federal Share				
	11017 491104011										
				g. Totals:							
12. Remarks: Att	tach any explanation	ns deemed necessary	or Information re	equired by Federal sponsoring a	gency in compliand	ce with governing legislation:					
13. Certification any false, fic	: By signing this r ctitious, or fraudule	eport, I certify that i	t is true, comple subject me to c	rte, and accurate to the best or riminal, civil, or administrative	f my knowledge. e penalities. (U.S.	I am aware that Code Title 18, Section 1001)					
a. Typed or Print	ed Name and Title o	of Authorized Certifyin	g Official			c. Telephone (Area code, number and e	oxtension)				
Terry Cuabo	o, Administrative	Officer				(671) 475-9682 d. Email address					
b. Signature of A	Authorized Certifying	Official	7			e. Date Report Submitted (Month, Day, 10/26/2010	Year)				
						14. Agency use only: OJP Vendor Number: 980017947					
						Standard Form 425 OME Approval Number: 0348- Expiration Date: 10/31/20	0061				
Paperwork Bur	rden Statement					Expiration Date. 10/01/20					

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant By Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant By Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant By Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant By Federal Grant				dentifying Number Assigned OMB Approval No. 1121-0264			Page of
U.S. Department of Justice Office of Justice Programs			08-DJ-BX-0058 7 Byrne Justice Assistance G	1/1 pages			
3. Recipient Organization (Name and comp	ete addres					**	
BUREAU OF STATISTICS AND P P.O. BOX 2950 HAGATNA, GUAM 96932	LANS			QUARTER	RLY REPORT		
Employer Identification Number 98-0017947	5. Recip	ient Account Numbe 5101H080920Ei1	er or Identifying Number 08	6. Final F	leport [X]NO	7. Basis	(] Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/1/2007	To: (Mo	onth, Day, Year) 9/30/2011	9. Period Covered b From: (Month, Day 7/1/2010				
10. Transactions:			l Previously Reported		II This Period	III Cumula	ative
a. Total outlays			238,301		35,427		272 700
b. Recipient share of outlays	7		0		00,421		273,728
c. Federal share of outlays			238,301		35,427		0
d. Total unliquidated obligations			200,001		33,427		273,728
e. Recipient share of unliquidated obligate	ions		_				79,518
f. Federal share of unliquidated obligation	ns						0
g. Total Federal share (Sum of lines c and f)			-		ł		79,518
h. Total Federal funds authorized for this	funding pe	priod	-		-		353,246
i. Unobligated balance of Federal funds	(Line	h minus line g)	-			<u> </u>	373,273
a. Type of Rate (Place *) 11. Indirect [] Provisional Expense	K" in appro	<i>priate box)</i> ermined	[] Final		[X] Fixed		20,027
b. Rate	c. Base		d. Total Amount		e. Federal Sha	ire	7
12. Remarks: Attach any explanations deem legislation.	ed necess	ary or information i	required by Federal spor	nsoring ager	ocy in compliand	e with governing	
13. Certification: I certify to the best of my unliquidated obligation					te and that all c	outlays and	
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRE	CTOP			Telephone	(Area code, nui	mber and extension)	
Bureau of Statistics and Plans	CIUR				1- 6	71- 472 -4201	
Signature of Authorized Certifying Official			Date Repo	ort Submitted			

(Follow form instruction)

to Which Repo	ency and Organization ort is Submitted partment of Justi		signed by Federal Agancy	Paş						
<u>.</u>	organization (Name a		s Including Zip co	2008-DJ-BX-0735 de)				1		
	reau of Statistics a 2950Hagatna, GU									
4a. DUNS Num	nber 4b. I	EIN		ccount Number or Identifying Nu ultiple grants, use FFR Attachme		6. Report Type 7. Basis of Accour				
778904292	98-0	018947	5101H0909	20EI108		Semi-Annual Annual Final	☐ Cash XX Accrual			
8. Project/Grar From: (Monti 10/01,	h, Day, Year)		To: (Month, D			9. Reporting Period End Do	ate			
10. Transactio	ons		<u>-</u> -				nulative			
(Use lines a-c	for single or multiple	grant reporting)								
Federal Casi	h (To report multiple	grants also use F	FR Attachment):					1		
a. Cash F	Receipts									
b. Cash E	Disbursements									
c. Cash o	on Hand (line a minus	b)								
(Use lines d-o	for single grant repor	ting)								
Federal Expe	anditures and Unob	ligated Balance:								
d. Total F	ederal funds authoriz	ed					\$	25,179.		
e. Federa	I share of expenditur	98					\$			
f. Federal	share of unliquidated	dobligations					\$	5,473.		
g. Total F	ederal share (sum of	lines e and f)					\$	17,383. 22,857.		
h. Unoblig	gated balance of Fede	eral funds (line d mi	nus g)				\$	2,322.		
Recipient Sh	are:				·		Ψ	2,322.		
i. Total red	cipient share required	ı			-					
j. Recipier	nt share of expenditu	res								
k. Remain	ing recipient share to	be provided (line i	minus j)							
Program Inco	ome:							0.0		
i. Total Fe	deral program incom	e eamed		· · · · · · · · · · · · · · · · · · ·						
m. Prograi	m Income expended	in accordance with t	he deduction after	native				0.0		
	n income expended is	- 17						·		
	nded program incom						\$	0.0		
								0.0		
Indirect Expense	a. Type Not Applicable	b. Rate	c. Period Fr	om Period To	d. Base	e. Amount Charged	f. Federal Sha	ire		
EN APPLEON OF THE LEVEL COUNTY	AMERICAN PROPERTY AND ADDRESS OF THE PARTY O		CONTRACTOR STATE OF THE SAME O							
				g. Totals:						
. Remarks: At	tach any explanation	s deemed necessar	y or information re	quired by Federal sponsoring a	gency in complian	ce with governing legislation:				
Certification	a: By signing this rectitious, or fraudule	port, I certify that nt information may	it is true, comple subject me to c	te, and accurate to the best o riminal, civil, or administrative	f my knowledge. e penalities. (U.S.	I am aware that Code Title 18, Section 1001)				
Typed or Print	ted Name and Title o	Authorized Certifvi	ng Official			c. Telephone (Area code, number and	extension)	-		
Terry Cuabo	o, Administrative C	Officer				(671) 475-9682				
						d. Email address				
Signature of /	Authorized Certifying	Office	1	/		terry.cuabo@bsp.guam.gov				
Signature of A	Authorized Certifying		7 2			e. Date Report Submitted (Month, Day 10/26/2010	, Year)			
						14. Agency use only: OJP Vendor Number: 980017947				
						Standard Form 425 ON Approval Number: 0348 Expiration Date: 10/31/	-0061			

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	igency and Organizational Ele Report is Submitted	ment	2. Federal Grant o By Federal Age	or Other Identifying Number Assigned OMB Approval No. 1121-0264				
	partment of Justice of Justice Programs			08-DJ-BX-0735 B Byrne Justice Assistance G	1/1 pages			
3. Recipient	Organization (Name and com	plete address,			mant Sup			<u>. I</u>
P.0	REAU OF STATISTICS AND D. BOX 2950 GATNA, GUAM 96932	PLANS			QUARTER	RLY REPORT		
4. Employer	Identification Number 98-0017947		nt Account Numbe	er or Identifying Number 08	6. Final F	•	7. Basis []Cash [X] Accrual
_	irant Period (See Instructions) onth, Day, Year) 10/1/2007	T .	th, Day, Year) 9/30/2011	9. Period Covered b From: (Month, Day 07/01/2010		To: (Month, D	ay, Year) 0/2010	
10. Transac	tions:		l Previously Reported	1	II This Period	III Cumula	tive	
a. Total o	outlays			4,479		994		5,473
b. Recipi	ent share of outlays			0				0,473
c. Federa	l share of outlays			4,479		994		
d. Total u	nliquidated obligations			4,413				5,473
e. Recipie	ent share of unliquidated obliga	ations						17,384
f. Federa	l share of unliquidated obligat	ions		1				0
g. Total F	ederal share (Sum of lines c and	n				L 155 11		17,384
h. Total F	ederal funds authorized for thi	s funding peri	od					22,857
i. Unoblig	ated balance of Federal funds	(Line h	minus line g)	7				25,179
11. Indirect Expense	a. Type of Rate (Place	"X" in appropr [] Predeter	•	[] Final		[X]Fixed		2,322
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	
12. Remarks: legislation	Attach any explanations deel	med necessar	y or information I	required by Federal spor	nsoring ager	ncy in complian	ce with governing	
13. Certificati	on: I certify to the best of n unliquidated obligatio	ny knowledge ns are for the	and belief that purpose set fo	this report is correct a	nd comple nents.	te and that all	outlays and	
ALB	nted Name and Title ERTO A. LAMORENA V, DIF au of Statistics and Plans	ECTOR			Telephone		mber and extension) 71- 472 -4201	
Signature of	Authorized Certifying Official	CL			Date Repo	ort Submitted		

(Follow form instruction)

Federal Age to Which Rep	ency and Organizatio	nal Element		Federal Grant or Other ident (To report multiple grants, use it)		gned by Federal Agancy	Page	of		
U.S. Dep	artment of Justi	СӨ		2008-GP-CX-0047				1		
3. Recipient C	Organization (Name a	nd complete addres	s Including Zip c	ode)						
	reau of Statistics are Box 2950Hagati		50							
4a. DUNS Nun	nber 4b. I	EIN		Account Number or Identifying No nultiple grants, use FFR Attachmo		6. Report Type ☑ Quartely	7. Basis of Accounti	ng		
778904292	98-0	018947	5101H080	920SE102		Semi-Annual Annual Final	Cash 🛣 Accrual			
Project/Gran From: (Mont) 09/01.	h, Day, Year)		To: (Month, 08/31,	•		9. Reporting Period End Date 09/30/2010				
10. Transactio	ons		·			Cumul	ative			
(Use lines a-c	for single or multiple	grant reporting)								
	h (To report multiple		FR Attachment):						
a. Cash F										
b. Cash [Disbursements									
c. Cash c	on Hand (line a minus	b)								
(Use lines d-o	for single grant repor	ting)			-					
Federal Expe	enditures and Unob	igated Balance:								
d. Total F	ederal funds authoriz	ed		· · · · · · · · · · · · · · · · · · ·			\$ 5	53,679.00		
e. Federa	i share of expenditur	9 S								
f. Federal	share of unliquidated	l obligations	-					20,399.18		
g. Total F	ederal share (sum of	lines e and f)						28,356.69		
h. Unoblig	gated balance of Fede	erai funds (line d mir	nus g)					4 002 42		
Recipient Sh							4	4,923.13		
i. Total red	cipient share required							0.00		
j. Recipier	nt share of expenditu	es					\$ \$	0.00		
k. Remain	ning recipient share to	be provided (line i	ninus j)				\$	0.00		
Program Inco	ome:	****						0.00		
I. Total Fe	deral program incom	e eamed					*	0.00		
m. Progra	m income expended	n accordance with t	he deduction alt	emative			\$	0.00		
	n income expended i				•					
	nded program incom						<u>\$</u>	0.00		
I. Indirect	a. Type	b. Rate		Trans. Desired Tr			\$	0.00		
Expense	Not Applicable		c. Period	From Period To	d. Base	e. Amount Charged	f. Federal Share			
AND RESERVED		otvase nereviews		g. Totals:						
2 Domarka: At	tach ony ovolanation	domed passes								
c. nemarks: At	nach any explanation	s ueemed necessar	y or information	required by Federal sponsoring a	gency in compliand	e with governing legislation:				
3. Certification any false, fic	n: By signing this rectitious, or fraudule	port, I certify that nt information may	t is true, comp subject me to	ete, and accurate to the best o criminal, civil, or administrative	f my knowledge. e penalities. (U.S.	am aware that Code Title 18, Section 1001)				
• • • • • • • • • • • • • • • • • • • •	ted Name and Title o	í	ng Official			c. Telephone (Area code, number and exte (671) 475-9682 d. Email address	ension)			
						terry.cuabo@bsp.guam.gov				
o. Signature of	Authorized Certifying	Official)	(//			e. Date Report Submitted (Month, Day, Ye 10/26/2010	ar)			
						14. Agency use only: OJP Vendor Number: 980017947				
						Standard Form 425 OMB Approval Number: 0348-00 Expiration Date: 10/31/201				

4

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this Information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	ncy and Organizational Elem- port is Submitted	ent	2. Federal Grant o By Federal Age	r Other Identifying Numbe	r Assigned	C	MB Approval No.	Page of
	rtment of Justice ustice Programs			8-GP-CX-0047	21-0264	1/1 pages		
3. Recipient Ord	ganization (Name and comple	ete addres	2008 s. including ZIP co	Project Safe Neighborhoods de)	<u> </u>			
BUREA P.O. B	AU OF STATISTICS AND PI OX 2950 TNA, GUAM 96932				QUARTER	RLY REPORT		
	ntification Number 9-0017947	5. Recip	ient Account Numbe 5101H080920SE1	er or Identifying Number 02	6. Final F	leport [X]NO	7. Basis [] Cash [)	K] Accrual
8. Funding/Gran From: (Month	nt Period (See Instructions) h, Day, Year) 9/1/2008	To: (Mo	nth, Day, Year) 8/30/2011		9. Period Covered by this Report From: (Month, Day, Year) 07/01/10 To: (Month, Day) 09/30			
10. Transactions				l Previously Reported		II This Period	III Cumula	
a. Total outla	ıys			15,848		4,551		20,399
b. Recipient	share of outlays			0				
c. Federal sh	are of outlays	V		15,848		4,551	II .	20,399
d. Total unliq	uidated obligations				17			
e. Recipient	share of unliquidated obligati	ons		-		1	· · · · · · · · · · · · · · · · · · ·	28,357
f. Federal sh	nare of unliquidated obligation	ns						28,357
g. Total Fede	eral share (Sum of lines c and f)	-,				" = =		48,756
h. Total Fede	eral funds authorized for this	funding pe	riod	1				53,679
i. Unobligate	d balance of Federal funds	(Line	h minus line g)					4,923
a. 11. Indirect Expense		<i>(" in appro_i</i>	priate box) ermined	[] Final		[X] Fixed		4,020
•	Rate	c. Base		d. Total Amount		e. Federal Sh	are	
12. Remarks: Att	tach any explanations deeme	ed necess	ary or information r	L equired by Federal spon	soring ager	ncy in compliand	ee with governing	,
13. Certification:	I certify to the best of my unliquidated obligations	knowied are for t	ge and belief that he purpose set fo	this report is correct a	nd completents.	te and that all o	outlays and	
	I Name and Title TO A. LAMORENA V, DIRE of Statistics and Plans	CTOR			Telephone		mber and extension) 71- 472 -4201	
Signature of Auth	norized Certifying Official	/			Date Repo	ort Submitted		

(Follow form instruction)

to Which Repor	ency and Organizational I ort is Submitted artment of Justice			Federal Grant or Other identifying Number Assigned by Federal Agancy (To report multiple grants, use FFR Attachment) 2008-RT-BX-0012					Pi	age	of
			· - · - · · · · · · · · · · · · · · · ·		0012						
Guam Bure	rganization (Name and creau of Statistics and 2950Hagatna, GU 96	l Plans	including zip w	Je)							
4a. DUNS Numb	ber 4b. EiN		5. Recipient A	Account Number or inultiple grants, use F	identifying N FFR Attachn	lumber ment)	6.	Report Type	7. Basis of Acco	ounting	
778904292	98-0018	i947 ————	5101H0909	20SE107				Semi-Annual Annual	Cash I	X Acc	rual
8. Project/Grant From: (Month, 10/01/2	n, Day, Year)		To: (Month, D 09/30/2	•				Reporting Period End Date			
10. Transaction	ns							Cumul	lative		
(Use lines a-c fo	for single or multiple gran	nt reporting)									
	(To report multiple gra	ants also use FI	FR Attachment)	:							
a. Cash R											
	Disbursements							· · · · · · · · · · · · · · · · · · ·			
	n Hand (line a minus b)										
	for single grant reporting)										
Federal Exper	enditures and Unobligat	ted Balance:									N
	ederal funds authorized								\$	36	,298.00
e. Federal	share of expenditures									ß <u>1,</u>	,705.96
f. Federal s	share of unliquidated obl	ligations							\$	32,	,668.00
g. Total Fe	ederal share (sum of line	s e and f)							\$	34,	,373.96
h. Unobliga	ated balance of Federal	funds (line d mir	nus g)							ŝ 1,	,924.04
Recipient Sha	ire:										
i. Total reci	zipient share required									\$	0.00
j. Recipient	nt share of expenditures									\$	0.00
k. Remalni	ing recipient share to be	provided (line i r	ninus j)							\$	0.00
Program Inco	me:										
l. Total Fed	deral program income ea	arned								\$	0.00
m. Progran	m income expended in a	accordance with t	the deduction altr	ernative							
n. Program	n income expended in ac	ccordance with th	ne addition alterr	ative		The state of the s				\$	0.00
	nded program income (lir									-	
11. Indirect	a. Type	b. Rate	c. Period F	rom Per	riod To	d. Base		e. Amount Charged	4 Foderal S	\$	0.00
Expense	Not Applicable					u. Daso	-	e. Amount Charged	f. Federal S	hare	
	110174										
				g. Tr	otals:						
12. Remarks: Att	tach any expianations de	semed necessary	y or information r	equired by Federal	sponsoring	agency in compliance	ce with govern	ning legislation:	1		
13. Certification: any false, fic	: By signing this repor citious, or fraudulent in	rt, I certify that I nformation may	it is true, comple / subject me to	ate, and accurate criminal, civil, or a	to the best	of my knowledge. I ve penalities. (U.S. (i am aware ti Code Title 18	nat B, Section 1001)			
	ed Name and Title of Au o, Administrative Offic		ng Official	/	,		c. Telephone (671) 47 d. Email add		ension)		
		\overline{A}	10				terry.cua	abo@bsp.guam.gov			
b. Signature of A	Authorized Certifying Offi	Cial		4			10/27/20		ear)		
		•					14. Agency OJP Vendo	y use only: or Number: 980017947			
								Standard Form 425 OMB Approval Number: 0348-00 Expiration Date: 10/31/201			

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(Short Form)

	Agency and Organizational Eler Report is Submitted	nent	2. Federal Grant of By Federal Age	or Other Identifying Numbe ency	r Assigned	0	MB Approval No.	Page of	
II S De	nortment of Justice			i ii			1121-0264	1/1	
	epartment of Justice of Justice Programs		200	08-RT-BX-0012		Expire	s: 01/31/2006	pages	
2 Paciniont	Organization /Name and come	loto addres		8 RSAT				pages	
jo. Recipient	Organization (Name and comp	nete addres	is, including ZIP co	ode)					
P.C	REAU OF STATISTICS AND I D. BOX 2950 GATNA, GUAM 96932	PLANS			QUARTER	RLY REPORT			
4. Employer	Identification Number 98-0017947	5. Recip	ient Account Numb 5101H090920SE	er or Identifying Number 107	6. Final F	-	7. Basis	X] Accrual	
	Grant Period (See Instructions)			9. Period Covered b	y this Repo				
From: (M	onth, Day, Year) 10/1/2007	To: (Mo	onth, Day, Year) 9/30/2011	From: (Month, Day 07/01/2010	y, Year)	To: (Month, Da 09/30			
10. Transac	tions:			1					
П	, n			Previously Reported		This eriod	his Cumulative		
a. Total o	outlays			1,489		217		1,706	
b. Recipi	ent share of outlays	2		0				0	
c. Federa	al share of outlays		····	1,489			0		
d. Total u	inliquidated obligations	···		1,469		217	-	1,706	
e. Recipie	ent share of unliquidated obliga	tions				•	T T	32,668	
f. Federa	al share of unliquidated obligation	ons		-				0	
g. Total F	ederal share (Sum of lines c and f)		-		+		32,668	
h. Total F	ederal funds authorized for this	funding pe	eriod	\perp				34,374	
i. Unoblig	gated balance of Federal funds	(Line	h minus line g)	_				36,298	
· ·	a. Type of Rate (Place *	X" in appro	priate box)			Energy and EE		1,924	
11. Indirect Expense	[] Provisional	[] Predet	•	[] Final		[X] Fixed			
	b. Rate	c. Base		d. Total Amount		e. Federal Sha	are		
12. Remarks:	Attach any explanations deen	ned necess	ary or information	required by Federal spor	nsoring ager	ncy in compliand	e with governing		
iegisiauori									
3. Certificati	on: I certify to the best of m unliquidated obligation	y knowled is are for t	ge and belief that he purpose set fo	t this report is correct a	nd comple	te and that all o	outlays and		
Typed or Prin	nted Name and Title				Telephone	(Area code, nu	mber and extension)		
	ERTO A. LAMORENA V, DIR	ECTOR	,				71- 472 -4201		
Signature of	Authorized Certifying Official			Date Repo	ort Submitted				
	Cryc	1_	<u> </u>						

(Follow form instruction)

to Which Repo	rt is Submitted			(To report r	Federal Grant or Other Identifying Number Assigned by Federal Agancy (To report multiple grants, use FFR Attachment)					Page	of i	
U.S. Depa	artment of	Justice		2007-G	P-CX-0028						1 1	
3. Recipient Or	ganization (Na	ame and complete address	Including Zip c	ode)								
		stics and Plans a, GU 96932-0000			08							
4a. DUNS Num	ber	4b. EIN			nber or identifying Nuts, use FFR Attachme			6. Report Type Quartely	7. Basis of A	ccounting	g	
778904292		98-0017947	5101H0709	920SE102				Semi-Annual Annual Ki Final	Cash 🕅 Accrual			
8. Project/Grant From: (Month 09/01/	, Day, Year)		To: (Month, I		Ш			Reporting Period End Date				
10. Transaction			00.0	2010				08/31/2010	ulative			
		ultiple grant reporting)						Cuin	Jiative			
Federal Cash	(To report m	nultiple grants also use FF	R Attachment	t):								
a. Cash R											11	
b. Cash D	isbursements	-										
c. Cash or	Hand (line a	minus b)										
(Use lines d-o f	or single gran	t reporting)						2				
Federal Expe	nditures and	Unobligated Balance:			11 11 1							
d. Total Fe	deral funds a	uthorized								\$ 55	5,909.00	
e. Federal	share of expe	enditures								·	3,315.49	
f. Federal	share of unliqu	uidated obligations								_ Ψ 5 ξ	0.00	
g. Total Fe	derai share (s	sum of lines e and f)									3,315.49	
h. Unobliga	ated balance of	of Federal funds (line d minu	us g)						11.7		2,593.51	
Recipient Sha							1			Ψ -	2,000.0	
i. Total rec	ipient share re	equired		·						\$	2.00	
j. Recipien	t share of exp	enditures								\$	0.00	
k. Remaini	ng reciplent sl	hare to be provided (line i m	ninus j)							- \$ \$	0.00	
Program Inco	me:										0.00	
l. Total Fed	leral program	income earned								\$	0.00	
m. Progran	n income expe	ended in accordance with th	e deduction alf	temative						Ψ	0.00	
	·	inded in accordance with the									- 20	
		income (line i minus line m								\$	0.00	
		<u> </u>			District To	- Door			1	\$	0.00	
11. Indirect Expense	a. Type	b. Rate	c. Period I		Period To	d. Base		e. Amount Charged	f. Federa	I Share		
	Not Appli	Cable				-						
					g. Totals:							
12. Remarks: Att	ach any expla	anations deemed necessary	or information	required by I	Federal sponsoring	enency in compliar	nce with gov	emino legislation				
						Morroy in compliant	ico miai ge.	enning regisiences.				
40 Cartification	S- siening	at to compare I morelify show by	******	*	A-Al-a beat							
any false, fic	titious, or fra	this report, i certify that it audulent information may	subject me to	criminal, ch	curate to the pest o vii, or administrativ	if my knowledge. 'e penalities. (U.S.	l am awar . Code Title	e that e 18, Section 1001)				
•		Title of Authorized Certifying	g Official		17			one (Area code, number and ex	ktension)			
Terry Cuabo	, Administra	tive Officer					d. Email a					
			10		38		terry.c	cuabo@bsp.guam.gov			ĺ	
b. Signature of A		tifying Offlictal LAMORENA	Direct	01			e. Date R 10/13/	eport Submitted (Month, Day, \	(ear)			
								incy use only: ndor Number: 980017947				
								Standard Form 425 OME			N. (5-24)	
					V.			Approval Number: 0348-0 Expiration Date: 10/31/20				
Paperwork Bur According to the	den Statemei Paperwork R	nt leduction Act, as amended,	no persons an	a required to	respond to a collecti	ion of Information u	unless if dis	oiays a valid OMB Control Num	her. The valid Of	MB contra	d	

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of Information unless if dispiays a valid OMB Control Number. The valid OMB control number for this information collection is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	Agency and Organizational Elem Report is Submitted	Federal Grant or By Federal Ager	or Other Identifying Number Assigned OMB Approval ency No.				Page of	
U.S. De	epartment of Justice		200	7-GP-CX-0028		1121	-0264	1/1
	of Justice Programs			Project Safe Neighborhoods				pages
3. Recipient	t Organization (Name and compl	ete addres			•	<u> </u>		
P.C	UREAU OF STATISTICS AND P D. BOX 2950 NGATNA, GUAM 96932	LANS			QUARTER	RLY REPORT		
4. Employer	r Identification Number 98-0017947	5. Recip	pient Account Numbe 5101H070920SE1				. Basis	X] Accrual
	Grant Period (See Instructions)	1 - ".		9. Period Covered by				
From: (M	lonth, Day, Year) 9/1/2007	To: (Mo	onth, Day, Year) 8/30/2010	From: (Month, Day 7/1/2010	r, Year)	To: (Month, Day 09/30/		
10. Transac				l Previously Reported		II This Period	ili Cumul	
a. Total o	outlays			52,330		985		53,315
b. Recipi	ient share of outlays			0		0		0
c. Federa	al share of outlays			52,330		985		
d. Total ı	unliquidated obligations			32,000		363	·	53,315
e. Recipi	ient share of unliquidated obligat	ions				-		0
f. Federa	al share of unliquidated obligatio	ns	<u> </u>	+			· · · · · · · · · · · · · · · · · · ·	0
g. Total f	Federal share (Sum of lines c and f)							0
h. Total F	Federal funds authorized for this	funding pe	eriod					53,315
i. Unobli	gated balance of Federal funds	(Line	h minus line g)	_		_		55,909
11. Indirect Expense	a. Type of Rate (Place *) [] Provisional	K" in appro	ppriate box) termined	[] Final	NEW THE SECTION	[X] Fixed		2,594
	b. Rate	c. Base		d. Total Amount		e. Federal Shar	'e	
12. Remarks: legislation	Attach any explanations deem	ed necess	ary or information r	equired by Federal spon	nsoring agen	ncy in compliance	with governing	
13. Certificat	ion: I certify to the best of my unliquidated obligation	/ knowled s are for t	ge and belief that the purpose set for	this report is correct a rth in the award docum	nd completents.	te and that all o	ıtlays and	
ALB	nted Name and Title BERTO A. LAMORENA V, DIRE eau of Statistics and Plans	CTOR			Telephone		ber and extension))
Signature of	Authorized Centifying Official	7	/		Date Repo	ort Submitted		

(Follow form instruction)

to Which Repo	ency and Organizational E ort is Submitted artment of Justice	Element	(To r	ederal Grant or Other Iden eport multiple grants, use I 09-RT-BX-0012	tifying Number Assign FFR Attachment)	ed by Federal Agancy	Page	of
3. Recipient Or	rganization (Name and or	omplete address I	ncluding Zip code)					
	eau of Statistics and 2950Hagatna, GU 96							
4a. DUNS Num	ber 4b. EIN			nt Number or identifying No		6. Report Type Cuartely	7. Basis of Accounting	ng
778904292	98-0018	947	5101H100920SE	107		Semi-Annual Annual Final	☐ Cash 1x A	ccrual
8. Project/Gran From: (Month 10/01/	ı, Day, Year)		To: (Month, Day, Y	ear)		Reporting Period End Date 09/30/2010		
10. Transactio	ns					Cumu	ılative	
(Use lines a-c i	for single or multiple gran	nt reporting)						
Federal Cash	(To report multiple gra	ants also use FFI	R Attachment):					
a. Cash R	lecelpts				-			
	isbursements							
c. Cash or	n Hand (line a minus b)							
	or single grant reporting)							
Federal Expe	nditures and Unobligat	ed Balance:						
d. Total Fe	ederal funds authorized						\$ 4	0,675.00
	share of expenditures						\$	0.00
	share of unliquidated obi				N III		\$	0.00
	ederal share (sum of lines						\$	0.00
	ated balance of Federal I	funds (line d minu	s g)			6	\$ 4	0,675.00
Recipient Sha								
	spient share required						\$	0.00
	t share of expenditures ing recipient share to be	provided (line i mi	nue i)				\$	0.00
Program Inco		provided (line 1 III	nus jy				\$	0.00
	deral program income ea			_				<u> </u>
	n income expended in ac		deduction alternativ	re			\$	0.00
n. Program	income expended in ac	cordance with the	addition alternative				\$	0.00
o. Unexper	nded program income (lin	ne i minus line m d	or line n)				\$	0.00
11. Indirect	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
Expense	Not Applicable							
				g. Totals:				
12. Remarks: Att	tach any explanations de	emed necessary	or information require	ed by Federal sponsoring a	agency in compliance	with governing legislation:	I	
13. Certification any false, fic	: By signing this reportitious, or fraudulent in	t, I certify that it formation may s	ls true, complete, a ubject me to crimir	nd accurate to the best of all, civil, or administrativ	of my knowledge. i a e penalities. (U.S. C	nm aware that ode Title 18, Section 1001)		
	ed Name and Title of Auto, Administrative Offic		Official			: Telephone (Area code, number and ex (671) 475-9682	tension)	
		10			C	l. Email address terry.cuabo@bsp.guam.gov		
b. Signature of A	wthorized Certifying Office	al X				Date Report Submitted (Month, Day, Y 10/27/2010	ear)	
						14. Agency use only: OJP Vendor Number: 980017947		
						Standard Form 425 OMB Approval Number: 0348-0 Expiration Date: 10/31/20	061	
number for this i	Paperwork Reduction A information collection is 0 ng data sources, gathering	348-0061. Public ig and maintaining	reporting burden fo the data needed, a	r this collection of informat nd completing and reviewi	ion is estimated to av	ess if displays a valid OMB Control Numb erage 1.5 hours per response, including formation. Send comments regarding th t. Papenwork Reduction Project (03448-	time for reviewing instruc	tions,



(Short Form)

(Follow instructions on the back)

2. Federal Grant or Other Identifying Number

to Which R	eport is Submitted	By Federal Age	•	No. 1121-0264				
	eartment of Justice Justice Programs		200	9-RT-BX-0012		Expires	: 01/31/2006	pages
3. Recipient C	Organization (Name and comp	lete addres		RSAT de)			· .	
BUR P.O.	REAU OF STATISTICS AND F BOX 2950 BATNA, GUAM 96932		5	,	QUARTE	RLY REPORT		
	dentification Number 98-0017947	5. Recip	pient Account Number 5101H0100920SE	er or Identifying Number E 107	6. Final f	Report [X]NO	7. Basis []Cash []	X] Accrual
_	rant Period (See Instructions) nth, Day, Year) 10/1/2008	To: (Mo	onth, Day, Year) 9/30/2012		Covered by this Report (Month, Day, Year) 7/01/2010 To: (Month, Day, Year) 09/30/10			
10. Transacti	ons:			l Previously Reported		II This Period	III Cumul	
a. Total ou	utlays			0		0		0
b. Recipie	nt share of outlays			0		0		0
c. Federal	share of outlays			0		0		0
d. Total ur	nliquidated obligations							36,607
e. Recipie	nt share of unliquidated obliga	tions	5					0
f. Federal	share of unliquidated obligation	ons						36,607
g. Total Fe	ederal share (Sum of lines c and f)						36,607
h. Total Fe	ederal funds authorized for this	funding pe	eriod					40,675
i. Unobliga	ated balance of Federal funds	(Line	h minus line g)					4,068
11. Indirect Expense	a. Type of Rate (Place *	X" in appro	opriate box) termined	[] Final		[X] Fixed		4,000
	b. Rate	c. Base		d. Total Amount		e. Federal Sha	are	
12. Remarks: legislation.	Attach any explanations deen	l ned necess	sary or information	required by Federal spor	soring age	ency in compliand	e with governing	
13. Certification	on: I certify to the best of m uniiquidated obligation			t this report is correct a orth in the award docum		ete and that ali	outlays and	
ALBE	ted Name and Title ERTO A. LAMORENA V, DIR au of Statistics and Plans			Telephon		mber and extension 71- 472 -4201)	
Signature of Authorized Certifying Official					Date Rep	port Submitted		



(Follow form instruction)

to Which Repo	ency and Organizational ort is Submitted artment of Justice	Element	igned by Federai Agancy	Page	of 1					
Guam Bui	rganization (Name and or reau of Statistics and 2950Hagatna, GU 96	Plans	Including Zip code)							
4a. DUNS Num 778904292	98-0018	947	5. Recipient Account (To report multiple § 5101E100933PA1	Number or Identifying Nu grants, use FFR Attachme	imber ent)	6. Report Type X Quartely Semi-Annual Annual Final	7. Basis of Accountin			
8. Project/Gran From: (Month 10/01/	n, Day, Year)		To: (Month, Day, Yea	ar)	-2%	Reporting Period End Date 09/30/2010				
10. Transactio	ns					Cum	ulative			
(Use lines a-c	for single or multiple gra	nt reporting)								
Federal Cash	(To report multiple gr	ants also use Fi	R Attachment):							
a. Cash F										
	isbursements	455 - 4552								
c. Cash o	n Hand (line a minus b)						was a second second	-350		
	or single grant reporting									
Federal Expe	nditures and Unobliga	ted Balance:		-						
d. Total Fo	ederal funds authorized				\$1		\$ 14	0,397.00		
e. Federal	share of expenditures						\$ 2	3,625.02		
f. Federal	share of unliquidated ob	ligations						6,771.98		
g. Total Fe	ederal share (sum of line	s e and f)						0,397.00		
h. Unoblig	ated balance of Federai	funds (line d min	us g)				\$.00		
Recipient Sha	ire:									
i. Total rec	ipient share required		A	- 185			\$	0.00		
j. Recipien	t share of expenditures						\$	0.00		
k. Remain	ng recipient share to be	provided (line i n	ninus j)	140 880	1.05		\$	0.00		
Program Inco	me:									
I. Total Fed	deral program income ea	ırned		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	0.00		
m. Program	n income expended in a	ccordance with th	e deduction alternative				Ψ	0.00		
n. Program	income expended in ac	cordance with the	e addition alternative		******					
	nded program income (li						\$	0.00		
1. Indirect	a. Type	b. Rate	c. Period From	Period To	d. Base	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	0.00		
Expense	Not Applicable	D. Halo	C. I GAGETTON	F-91100 T0	u. base	e. Amount Charged	f. Federal Share			
	upitodbio									
				g. Totals:				-		
2. Remarks: Att	ach any explanations de	eemed necessary	or information required	by Federal sponsoring a	gency in complian	ce with governing legislation:	1			
3. Certification any false, fic	: By signing this repo titious, or fraudulent in	rt, I certify that it oformation may	is true, complete, and subject me to crimina	d accurate to the best of	f my knowledge. e penalities. (U.S.	I am aware that Code Title 18, Section 1001)				
	ed Name and Title of Au		g Official			c. Telephone (Area code, number and a	extension)			
	_		/			d. Email address				
o. Signature of A	uthorized Certifying Offi	AC.	/	_		terry.cuabo@bsp.guam.gov e. Date Report Submitted (Month, Day, 10/18/2010	Year)			
		,		***		14. Agency use only: OJP Vendor Number: 980017947				
						Standard Form 425 OM Approval Number: 0348- Expiration Date: 10/31/2	0061			

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	Agency and Organizational Elem Report is Submitted	2. Federal Grant of By Federal Age	or Other Identifying Number Assigned OMB Approval ency No. 1121-0264			No.	Page of	
	epartment of Justice of Justice Programs			09-CD-BX-0002 9 Paul Coverdell Forensic Im	p. Grant		1-0264	1/1 pages
3. Recipient	Organization (Name and comp	ete addre	ss, including ZIP co	ode)		<u> </u>		
P.C	REAU OF STATISTICS AND P D. BOX 2950 GATNA, GUAM 96932	LANS			QUARTER	RLY REPORT		
4. Employer	Identification Number 98-0017947	5. Recir	pient Account Numb 5101E100933PA	er or Identifying Number 101	6. Final F		7. Basis []Cash [X] Accrual
8. Funding/G From: (M	Grant Period (See Instructions) onth, Day, Year) 10/01/09	To: (Mo	onth, Day, Year) 09/30/10		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2010 To: (Month, Day 09/30/			
10. Transac	tions:	4		i Previously Reported	•	II This Period	iii Cumul	
a. Total o	outlays			5,903		77 =		
b. Recipi	ent share of outlays					17,722		23,625
c. Federa	al share of outlays	·		0	<u> </u>	0	<u> </u>	0
d. Total u	unliquidated obligations	- ·		5,903		17,722		23,625
e. Recipio	ent share of unliquidated obligat	ions	U.			L		116,772
f. Federa	al share of unliquidated obligation	ns		-		-		0
g. Total F	ederal share (Sum of lines c and f)					-		116,772
h. Total F	ederal funds authorized for this	funding pe	eriod	_				140,397
i. Unoblig	gated balance of Federal funds	(Line	h minus line g)			-		140,397
11. Indirect Expense	a. Type of Rate (Place ") [] Provisional	(* in appro [] Prede	ppriate box) termined	[] Final		[X] Fixed		0
	b. Rate	c. Base		d. Total Amount		e. Federal Sha	re	
12. Remarks: legislation.	Attach any explanations deem	ed necess	ary or information	required by Federal spon	soring ager	ncy in compliance	e with governing	r e
13. Certificati	on: I certify to the best of my unliquidated obligation	knowled s are for t	ge and belief that the purpose set fo	t this report is correct a orth in the award docum	nd comple nents.	te and that all o	utiays and	
ALB	nted Name and Title ERTO A. LAMORENA V, DIRE au of Statistics and Plans	CTOR	,		Telephone		nber and extension	
Signature of	Authorized Certifying Official	2	~		Date Repo	ort Submitted		

(Follow form instruction)

Federal Agency and Organizational Element to Which Report is Submitted Co report multiple grants, use FFR Attachment)						igned by Federal Agancy	Page	of			
U.S. Dep	artment of Justice	3		2009-SU-B9-0007				1			
3. Recipient Or	rganization (Name and	complete address	Including Zip code	3)							
	reau of Statistics an 2950Hagatna, GU 9										
4a. DUNS Num				count Number or Identifying Ni tiple grants, use FFR Attachm		6. Report Type K Quartely	X Quartely				
778904292	98-001	8947	5101H090920)AR108		Semi-Annual Annual Final	☐ Cash 🖸 Accrual				
8. Project/Gran From: (Month 03/01/	n, Day, Year)		To: (Month, Day 02/28/20	•		9. Reporting Period End Da 09/30/2010	ite				
10. Transactio	ns					Cun	nulative				
(Use lines a-c1	for single or multiple gr	ant reporting)									
Federal Cash	(To report multiple g	rants also use F	FR Attachment):								
a. Cash R	Receipts										
b. Cash D	Disbursements										
c. Cash o	n Hand (line a minus b)									
(Use lines d-o f	for single grant reportin	ıg)									
Federal Expe	enditures and Unoblig	ated Balance:									
d. Total Fe	ederal funds authorized	1					\$ 4,97	72,500.00			
e. Federal	share of expenditures							19,073.01			
f. Federal	share of unliquidated of	bligations						13,304.68			
g. Totai Fe	ederal share (sum of lir	nes e and f)						32,377.69			
h. Unoblig	ated balance of Federa	al funds (line d mir	nus g)					0,122.31			
Recipient Sha	are:						***	0,122.0.			
i. Total rec	pient share required		T T				\$	0.00			
j. Recipien	t share of expenditures	3						0.00			
k. Remain	ing recipient share to b	e provided (line I r	ninus j)				\$	0.00			
Program Inco	me:										
l. Total Fed	deral program income	samed					\$	0.00			
m. Program	m income expended in	accordance with t	he deduction altern	ative			Ψ	0.00			
	n income expended in a										
	nded program income			V O			\$	0.00			
11. Indirect	a. Type	b. Rate	c. Period Fro	- Period To	- Peec	4 (0)	\$	0.00			
Expense	Not Applicable	D. Frate	C. Fenou Fio	Period To	d. Base	e. Amount Charged	f. Federal Share				
	1401 Applicable										
				g. Totals:		52					
12. Remarks: Att	tach any explanations	deemed necessar	y or information rec	quired by Federal sponsoring a	agency in compliar	nce with governing legislation:					
					,						
12 Cartification	. Dy cleaning this can	ant I contife that	h la taux assurtat	e, and accurate to the best o		- M - m= - M - m - m - m - m - m - m - m - m - m					
any false, flo	titious, or fraudulent	Information may	subject me to cri	s, and accurate to the best o minal, civil, or administrativ	л my knowledge. /e penalities. (U.S.	. Code Title 18, Section 1001)					
a. Typed or Print	ed Name and Title of A	Authorized Certifying	ng Officiai			c. Telephone (Area code, number and	extension)				
Terry Cuabo	o, Administrative Of	ficer				(671) 475-9682					
						d. Email address					
h Clanatura of A	Authorized Cartificad	fficial /	~ /			terry.cuabo@bsp.guam.gov					
b. Signature of A	Authorized Certifying O	micial (1_	<u> </u>		e. Date Report Submitted (Month, Day 10/27/2010	, Year)	Marks III			
						14. Agency use only: OJP Vendor Number: 980017947					
						Standard Form 425 ON Approval Number: 0348	ИВ	Personal State			

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this information collection is collection is collection information collection is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	gency and Organizational Elem		or Other Identifying Number Assigned OMB Approval			Page of		
to which i	Report is Submitted		By Federal Age	ncy		l 1121-0		1/1
	partment of Justice		200	9-SU-B9-0007		1		
Office o	f Justice Programs		2000	Byrne Recovery Act Justice	Assistance G	l irant		pages
3. Recipient	Organization (Name and compl	ete addres			Assistance C	iranı		
D.U	DEALL OF STATISTICS AND D	ANC			OHADTED	U V DEDODT		
	REAU OF STATISTICS AND PI . BOX 2950	LANS			QUANTER	ILY REPORT		
HAC	GATNA, GUAM 96932							
4. Employer	Identification Number	5. Recip	pient Account Numbe	er or Identifying Number	6. Final R	eport	7. Basis	
	98-0017947		5101H090920AR1	108	[] YES	[X] NO	[]Cash [X	(] Accrual
	irant Period (See Instructions)	1 - 44	# 5 3 4 . 3	9. Period Covered by				
From: (Mo	onth, Day, Year) 3/1/2009	To: (Mc	onth, Day, Year) 2/28/2013	From: (Month, Day 7/01/10	/, Year)	To: (Month, Da 09/30		
	G/ 1/2000		2202010	,,,,,,,		0070	<i>,,</i> ,,,	an manager town
10. Transact	tions:		l Previously		II This	iii Cumula		
A F POSSESSED			Reported		Period	Cumula	IUVO	
a. Total o	outlays			070.400		4 400 000		
b. Recipie	ent share of outlays			952,136		1,196,937		2,149,073
	2 100 2			0		0		0
	l share of outlays			952,136		1,196,937		2,149,073
d. Total u	inliquidated obligations							2,213,305
e. Recipio	ent share of unliquidated obligat	ions		Tarana a la la la la la la la la la la la la				0
f. Federa	al share of unliquidated obligation	ns						
g. Total F	ederal share (Sum of lines c and f)						***	2,213,305
h. Total F	ederal funds authorized for this	funding p	eriod	-				4,362,378
i. Unoblig	gated balance of Federal funds	(Line	h minus line g)	-				4,972,500
	a. Type of Rate (Place *	X" in appro	opriate box)					610,122
11. Indirect Expense	[] Provisional		termined	[] Final		[X] Fixed		
	b. Rate	c. Base)	d. Total Amount		e. Federal Sha	are	
12 Remarks:	Attach any explanations deem	ed neces	sany or information	required by Federal spot	nsorina ara	ncy in complian	ce with governing	
legislation		100 110000	sary or milerination	roquirou by r odorai opor	nooning ago	noy in compilari	o mar govorning	
					280			
13. Certificat	ion: I certify to the best of m unliquidated obligation					ete and that all (outlays and	
	nted Name and Title				Telephone	Area code, nu	mber and extension))
	ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans					1- 6	71- 472 -42 01	
Signature of Authorized Certifying Official				•	Date Rep	ort Submitted		
Cit C L								
						3.399ee.3 mag 2	·	

(Follow form instruction)

							
to Which Report		Element	(To repo	ort multiple grants, use F		gned by Federal Agancy	Page of
U.S. Depa	rtment of Justice		2009-	GP-BX-0030			1
Guam Bure	ganization (Name and co eau of Statistics and Box 2950Hagatna, (Plans					
4a. DUNS Numb	per 4b. EIN			lumber or identifying Nu ants, use FFR Attachme		6. Report Type	7. Basis of Accounting
778904292	98-00189	947	5101H100920SE10	12		Semi-Annual Annual Final	Cash TX Accrual
8. Project/Grant From: (Month, 10/01/2	Day, Year)		To: (Month, Day, Year))		9. Reporting Period End Date)
10. Transaction	1.020	- 11	00.00.2	347			ulative
(Use lines a-c fo	or single or multiple gran	t reporting)				- Cum	Nauve
	(To report multiple gra		R Attachment):				
a. Cash Re							
b. Cash Dis	sbursements						
c. Cash on	Hand (line a minus b)						
(Use lines d-o fo	or single grant reporting)						
Federal Expen	ditures and Unobligat	ed Balance:					
d. Total Fed	deral funds authorized						\$ 52,808.00
e. Federal s	share of expenditures						\$ 0.00
f. Federal s	hare of unliquidated obl	igations					\$ 47,527.20
g. Total Fed	deral share (sum of lines	e and f)					\$ 47,527.20
h. Unobliga	ted balance of Federal f	unds (line d minu	ıs g)				\$ 5,280.80
Recipient Shar	re:						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i. Total recip	pient share required						\$ 0.00
j. Recipient	share of expenditures						\$ 0.00
k. Remainin	ng recipient share to be p	orovided (line i m	inus j)				\$ 0.00
Program Incom	ne:						
i. Total Fede	eral program income ea	med					\$ 0.00
m. Program	income expended in ac	cordance with th	e deduction alternative				
n. Program	income expended in acc	cordance with the	addition alternative				\$ 0.00
о. Unexpend	ded program income (fin	e I minus line m	or line n)				
11. Indirect	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	\$ 0.00 f. Federal Share
Expense	Not Applicable					o. vallount onlyigod	i. redetal State
				g. Totals:			
12. Remarks: Atta	ach any explanations de	emed necessary	or information required b	y Federal sponsoring a	gency in compliance	ce with governing legislation:	
13. Certification: any false, fict	By signing this report itious, or fraudulent in	t, I certify that it formation may	is true, complete, and a subject me to criminal,	accurate to the best o civil, or administrative	f my knowledge. I e penalities. (U.S. (l am aware that Code Title 18, Section 1001)	
a. Typed or Printe	d Name and Title of Aut	horized Certifying	g Official			c. Telephone (Area code, number and ex	xtension)
Terry Cuabo,	Administrative Offic	er				(671) 475-9682	
						d. Email address terry.cuabo@bsp.guam.gov	
b. Signature of Au	uthorized Certifying Office	ciai A	2/			e. Date Report Submitted (Month, Day, Y 10/26/2010	/ear)
***************************************	-				···	14. Agency use only: OJP Vendor Number: 980017947	
						COT VEHICOT HUMBER. 980017947	

A

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	Agency and Organizational Eler Report is Submitted	nent	Federal Grant of By Federal Age	or Other Identifying Numbe ncy	No.			
	epartment of Justice of Justice Programs			09-GP-BX-0030		11:	21-0264	1/1 pages
3. Recipient	Organization (Name and comp	lete addre		9 Project Safe Neighborhood de)	<u> </u>	L		
P.C	REAU OF STATISTICS AND F D. BOX 2950 GATNA, GUAM 96932	PLANS			QUARTER	RLY REPORT		
4. Employer	Identification Number 98-0017947	5. Reci	pient Account Number 5101H100920SE1	er or Identifying Number 102	6. Final R	•	7. Basis []Cash [X] Accrual
	Grant Period (See Instructions) onth, Day, Year) 10/1/2009	To: (Mo	onth, Day, Year) 9/30/2012	9. Period Covered b From: (Month, Day 07/1/10		t To: (Month, D 09/3 0		
10. Transac	tions:			l Previously Reported	1	II This eriod	III Cumula	tive
a. Total o	outlays			0		0		
b. Recipi	ent share of outlays			0		0		0
c. Federa	al share of outlays			0		0		0
d. Total u	nliquidated obligations							
e. Recipi	ent share of unliquidated obliga	tions						47,527
f. Federa	l share of unliquidated obligation	ons					· · · · · · · · · · · · · · · · · · ·	0
g. Total F	ederal share (Sum of lines c and f)		7				47,527
h. Total F	ederal funds authorized for this	funding pe	eriod	*				47,527
i. Unoblig	gated balance of Federal funds	(Line	h minus line g)					52,808
11. Indirect Expense	a. Type of Rate (Place *	X" in appro	ppriate box) termined	[] Final		[X] Fixed	·	5,281
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	
12. Remarks: legislation	Attach any explanations deen	ned necess	ary or information i	 required by Federal spon	soring agen	cy in compliand	ce with governing	
13. Certificati	on: I certify to the best of m unliquidated obligation	y knowled is are for t	ge and belief that the purpose set fo	this report is correct a orth in the award docum	nd complet nents.	e and that all	outlays and	
ALB	nted Name and Title ERTO A. LAMORENA V, DIR you of Statistics and Plans	ECTOR	1	1	Telephone		mber and extension) 71- 472 -4201	
Signature of	Authorized Certifying Official	1	~		Date Repo	rt Submitted		

(Follow form instruction)

Federal Agency and Organizational Element to Which Report is Submitted Co report multiple grants, use FFR Attachment)								ederal Agancy		Page	of	
	artment of				J-BX-0035						1 1	
3. Recipient Or	ganization (Na	me and complete address	s Including Zip o	ode)	Tat.							
		tics and Plans n, GU 96932-2950										
4a. DUNS Numb	per	4b. EIN			nber or identifying Nuts, use FFR Attachme			6. Report Type X Quartely	7. Basis of A	ccounting	}	
778904292		98-0018947	5101HO90	920El109				Semi-Annual Annual Final	Cash IX Accruai			
8. Project/Grant From: (Month, 10/01/2	, Day, Year)		To: (Month, I	- ,				9. Reporting Period End Date 09/30/2010	9			
10. Transaction	ns						11,	Cum	ulative			
(Use lines a-c fo	or single or mu	ultiple grant reporting)										
Federal Cash	(To report m	uitipie grants also use F	FR Attachment):								
a. Cash Re	eceipts										- 11	
b. Cash Di	isbursements											
c. Cash on	Hand (line a	minus b)										
(Use lines d-o fe	or single grant	reporting)						·				
Federal Exper	nditures and	Unobligated Balance:					-					
d. Total Fe	deral funds au	rthorized								\$ 1 200	9,694.00	
e. Federal	share of expe	nditures		-							3,866.86	
f. Federal s	share of unliqu	ildated obligations										
g. Total Fe	deral share (s	um of lines e and f)									2,858.14	
		f Federal funds (line d ml	nus a)								,725.00	
Recipient Sha										\$ 219	,969.00	
i. Total reci	ipient share re	quired										
i. Recipient	share of expe	enditures			·					\$	0.00	
k. Remaini	ng recipient sh	are to be provided (line i	minus j)							\$ \$	0.00	
Program Inco	me:									-	0.00	
		income earned	-									
		inded in accordance with t	he deduction alt	emetive						\$	0.00	
		nded in accordance with the income (line i minus line in		native						\$	0.00	
										\$	0.00	
11. Indirect Expense	a. Type	b. Rate	c. Period I	From 	Period To	d. Base		e. Amount Charged	f. Federa	l Share		
11	Not Appli	cable		-								
					g. Totals:			1				
12 Remarks: Att	ach any avnis	nations deemed necessar	v or information	required by		sangula comelian	an with an	and a topicion				
TE. TIOMETRO, PRO	act any expla	nationis desired freedsta	y or imorniauor	required by	ederal sponsoring a	gency in compilan	ce with gov	eming legislation:				
Certification: any false, fic	: By signing titious, or fra	this report, I certify that udulent information may	it is true, comp subject me to	iete, and ac criminal, ch	curate to the best o	f my knowledge. e penalities, (U.S.	I am awan Code Title	e that a 18. Section 1001)				
												
• •		Title of Authorized Certifyi	ng Onicial					one (Area code, number and e 475-9682	xtension)			
Terry Cuabo	, Auministra	uve Onicer					d. Email a					
 		$\overline{}$	1	1			terry.c	uabo@bsp.guam.gov				
b. Signature of A	uthorized Ceri	tifying Offlicial	X-(~		e. Date R 10/27/	eport Submitted (Month, Day, '2010	Year)			
			1					incy use only:				
							OJP Ve	ndor Number: 980017947				
				<u></u> ".				Standard Form 425 OMI Approval Number: 0348- Expiration Date: 10/31/20	0061			
Paperwork Bur	den Statemer	nt										

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this Information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of Information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	gency and Organizational Elei		or Other Identifying Number	Assigned	l o	MB Approval	Page of	
TO Which	Report is Submitted		By Federal Age	ency		1121-0	No. 0264	1/1
U.S. De	partment of Justice		200	09-DJ-BX-0035		1		1 '''
Office o	of Justice Programs					pages		
2 Posinient	Organization (Name and com	nlata addrar		9 Byrne Edward Byrne Justice	Assistance (Grant		
o. necipient	Organization (Name and com	piete audres	ss, including ZIP of	ode)				
BU	REAU OF STATISTICS AND	PLAN\$			QUARTER	RLY REPORT		
	O. BOX 2950	300						
na'	GATNA, GUAM 96932							
4. Employer	Identification Number	5. Recip		er or Identifying Number	6. Final F	Report	7. Basis	
	98-0017947		5101H090920El1	09	[] YES	[X] NO	[]Cash [X] Accrual
8. Funding/G	Grant Period (See Instructions)			9. Period Covered by	v this Repo	rt 🗆l		
	onth, Day, Year)	To: (Mo	onth, Day, Year)	From: (Month, Day		To: (Month, Da	ıy, Year)	
1	10/1/2008		9/30/2012	07/01/10		09/30/10		
10. Transac	tions:			1	T	I I	iii	
				Previously		This	Cumulat	tive
				Reported	F	Period	<u>.</u>	
a. Total o	outlays			9,534	1	147,333		156,867
b. Recipi	ent share of outlays			3,004		147,000		130,867
				0		0		0
c. Federa	al share of outlays			9,534		147,333		156,867
d. Total u	inliquidated obligations					ALITER RESERVE		130,007
								832,858
e. Recipi	ent share of unliquidated oblig	ations						0
f. Federa	al share of unliquidated obligat	ions						
								832,858
g. Total F	ederal share (Sum of lines c and	ħ						989,725
h. Total F	ederal funds authorized for the	s funding p	eriod					909,723
								1,209,694
i. Unobli	gated balance of Federal funds	S (Line	h minus line g)					219,969
	a. Type of Rate (Place	"X" in appro	ppriate box)			RECORD AND DESCRIPTION OF THE PARTY.	-	210,303
11. Indirect	[] Provisional	[] Prede	termined	[] Final		[X] Fixed		
Expense	b. Rate	c. Base	1	d. Total Amount		e. Federal Sha	are	
		0		a. Tour / Wilder		o. rodorar one		
40 D	Au-t					L		
legislation	Attach any explanations dee	mea necess	sary or information	requirea by r-eaerai spor	isonng age	ncy in compliand	e with governing	
13. Certificat	ion: I certify to the best of r					ete and that aii o	outiays and	
	uniiquidated obiigatio	ns are for	the purpose set f	orth in the award docum	nents.			
Typed or Pri	nted Name and Title				Telephone	(Area code, nu	mber and extension)	
	ERTO A. LAMORENA V, DI	RECTOR						
Bureau of Statistics and Plans						1- 6	71- 472 -4201	
Signature of Authorized Certifying Official					Date Rep	ort Submitted		
	() /							
	- Cuju		~					



(Follow form instruction)

1. Federal Age			nent			gned by Federal Agancy	Page	of	
to Which Report is Submitted (To report multiple grants, use FFR Attachment) U.S. Department of Justice 2010-RT-BX-0063							1	. ا	
<u>_</u>						1 1			
	ganization (Na eau of Statis			ncluding Zip code)					
	2950Hagatn								
4a. DUNS Numb	per	4b. EiN	6. Report Type	7. Basis of Accounting					
					ount Number or Identifying No bie grants, use FFR Attachmo		■ Quartely	П	•
778904292	11	98-0018947	7				Semi-Annual Annual	∏ Cash MX A	
8. Project/Grant	Period		-				Final		ocrual
From: (Month, 10/01/2	, Day, Year)			To: (Month, Day, 09/30/201			9. Reporting Period End Date 09/30/2010		
10. Transaction	ns						1	ılative	
(Use lines a-c fo	or single or m	ultipie grant re	eporting)						
Federal Cash	(To report m	ultipie granti	s also use FFI	R Attachment):					
a. Cash R									
	isbursements								
c. Cash on	Hand (line a	minus b)							
(Use lines d-o fo									
Federal Exper	nditures and	Unobligated	Balance:		 				
	deral funds a	-						\$ 11	8,366.00
	share of expe							\$	0.00
	share of unliqu							\$	0.00
	deral share (s							\$	0.00
h. Unobliga Recipient Sha		of Federal fund	ds (line d minu	s g)				\$ 11	8,366.00
	ipient share re	guired							
	share of exp							\$	0.00
			vided (line i mi	nus i)				\$	0.00
Program Incor			•	,			<u> </u>	\$	0.00
	leral program	income eame	ıd.						
			<u> </u>	e deduction alterna	tive			\$	0.00
n. Program	income expe	nded in accor	dance with the	addition alternativ	e			\$	0.00
o. Unexper	ided program	income (iine i	minus line m	or line n)				-	
11. Indirect	a. Type	.]	b. Rate	c. Period From	n Period To	d. Base	e. Amount Charged	f. Federal Share	0.00
Expense	Not Appli	cable							
					g. Totals:				
12. Remarks: Att	ach any expia	nations deem	ed necessary	or information requ	ired by Federal sponsoring	agency in complian	ce with governing legislation:		
13. Certification: any false, fic	: By signing	this report, I udulent info	certify that it	is true, complete,	and accurate to the best on inal, civil, or administrative	of my knowledge.	I am aware that Code Title 18, Section 1001)		
a. Typed or Printe					,				
Terry Cuabo			nzed Centrying	Jonaa			c. Telephone (Area code, number and ex (671) 475-9682	ktension)	
rony caabo	, , , , , , , , , , , , , , , , , , , ,						d. Email address terry.cuabo@bsp.guam.gov		
b. Signature of A	uthorized Cer	tifying Offiicia		1			e. Date Report Submitted (Month, Day,	rear)	
				Y (10/27/2010 14. Agency use only:	Suran General Property	
							OJP Vendor Number: 980017947		
							Standard Form 425 OME Approval Number: 0348-0 Expiration Date: 10/31/20	0061	
number for this i searching existing	Paperwork R information co	eduction Act, liection is 034 es, gathering a	8-0061. Publi and maintainin	c reporting burden a the data needed.	for this collection of informat and completing and review	tion is estimated to ing the collection of	nless if displays a valid OMB Control Num average 1.5 hours per response, including information. Send comments regarding the get. Paperwork Reduction Project (03448	ber. The valid OMB contri	tions,

(Short Form)

			By Federal Age	or Other Identifying Numbe incy 0-RT-BX-0063 DRSAT	r Assigned	O Expire:	Page of 1/1 pages		
BUI P.O	Organization (Name and comp REAU OF STATISTICS AND I BOX 2950 GATNA, GUAM 96932				QUARTE	RLY REPORT		- I,	
4. Employer	Identification Number 98-0017947	5. Recipier	nt Account Number	er or Identifying Number	6. Final F	Report [X]NO	7. Basis []Cash [X] Accrual	
8. Funding/G From: (Mo	rant Period (See Instructions) onth, Day, Year) 10/1/2009		n, Day, Year) 9/30/2013	9. Period Covered b From: (Month, Day 7/01/2010		rt To: (Month, Da 09/30			
10. Transact	ions:			l Previously Reported		II This Period	III Cumul		
a. Total o	utlays	11		0		0		0	
b. Recipie	ent share of outlays			0		0		0	
c. Federa	l share of outlays		<u>-</u>	0		0			
d. Total u	nliquidated obligations							0	
e. Recipie	ent share of unliquidated obliga	ations	Acres de			•			
f. Federa	l share of unliquidated obligati	ons						0	
g. Total F	ederal share (Sum of lines c and	Ŋ				•		0	
h. Total F	ederal funds authorized for this	s funding perio	od			İ	-	119.266	
i. Unoblig	ated balance of Federal funds	(Line h n	ninus line g)			•		118,366	
11. Indirect Expense	a. Type of Rate (Place	"X" in appropri		[] Final		[X] Fixed		118,366	
	b. Rate	c. Base		d. Total Amount		e. Federal Sha	are		
legislation.	on: I certify to the best of m	ny knowledge	and belief that		ind comple		1 12		
ALBI	ted Name and Title ERTO A. LAMORENA V, DIR au of Statistics and Plans		purpose set re	oral in the award docum			mber and extension 71- 472 -4201)	
Signature of /	Authorized Certifying Official				Date Rep	ort Submitted			

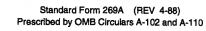
(Follow form instruction)

to Which Repor	ency and Organizational ort is Submitted artment of Justice		(To rep	deral Grant or Other Ident port multiple grants, use F 0-DJ-BX-0030	ifying Number Assign	ed by Federal Agancy	Page	of 1 1
Guam Bure	rganization (Name and eau of Statistics and 2950Hagatna, GU 96	id Plans	Including Zip code)		¥			
4a. DUNS Numb	98-0018			t Number or Identifying Nu grants, use FFR Attachme		6. Report Type Cuartely Semi-Annual Annual	7. Basis of Accounting	
8. Project/Grant From: (Month, 10/01/2	n, Day, Year)		To: (Month, Day, Yea 09/30/2013	ar)		9. Reporting Period End Date 09/30/2010	Cash IX Acc	crual
10. Transaction							nulative	
(Use lines a-c f	for single or multiple gra	ant reporting)					, Minner - U	
	(To report multiple g		FR Attachment):					
a. Cash Re								
	Pisbursements							
c. Cash on	n Hand (line a minus b)	,						
(Use lines d-o f	or single grant reporting	(g)						
Federal Exper	nditures and Unobliga	ated Balance:						
d. Total Fe	ederal funds authorized	J L					\$ 1,14	2,387.00
e. Federal	share of expenditures			- II - I <u></u>			\$	0.00
f. Federal	share of unilquidated ol	bligations					\$	0.00
g. Total Fe	ederal share (sum of iin	ies e and f)				= = = = = = = = = = = = = = = = = = = =	\$	0.00
h. Unobliga	ated balance of Federa	al funds (line d min	ius g)					2,387.00
Recipient Sha	ire:							-
i. Total reci	pient share required						\$	0.00
	t share of expenditures						\$	0.00
	ing recipient share to be	a provided (line i m	ninus j)				\$	0.00
Program Incor	me:							
i. Total Fed	deral program income e	arned					\$	0.00
m. Progran	n income expended in	accordance with th	the deduction alternative	,				
n. Program	n income expended in a	accordance with th	e addition alternative				\$	0.00
o. Unexper	nded program income ((iine i minus iine m	ı or line n)				. \$	0.00
11. Indirect	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	0.00
Expense	Not Applicable							
				g. Totals:				
12. Remarks: Att	ach any explanations d	leemed necessary	or information required	by Federal sponsoring a	agency in compliance	with governing legislation:	-	
13. Certification: any false, fic	: By signing this repo	ort, I certify that if Information may	t is true, complete, and subject me to crimina	d accurate to the best of al, civil, or administrativ	of my knowledge. I a	am aware that Code Title 18, Section 1001)		
	ted Name and Title of A o, Administrative Offi		ig Official	, V		c. Teiephone (Area code, number and (671) 475-9682 d. Emaii address	extension)	
			10/			terry.cuabo@bsp.guam.gov		
b. Signature of A	Authorized Certifying Of	flicial L		~		e. Date Report Submitted (Month, Day, 10/27/2010	, Year)	
						14. Agency use only: OJP Vendor Number: 980017947		
					1	Standard Form 425 ON Approval Number: 0348 Expiration Date: 10/31/2	MB 8-0061	PSSESSENGER.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	gency and Organizational Elem Report is Submitted	Federal Grant or By Federal Agen	Other Identifying Number	r Assigned	/IB Approval No.	Page of		
Office of Justice Programs				0-DJ-BX-0030	1264	1/1 pages		
3. Recipient	Organization (Name and compl	ete addres		Byrne Edward Byrne Justic le)	e Assistance	Grant		L
P.0	REAU OF STATISTICS AND P D. BOX 2950 GATNA, GUAM 96932	LANS			QUARTER	RLY REPORT		
4. Employer	Identification Number 98-0017947	5. Recip	ient Account Number	r or Identifying Number	6. Final F [] YES	Report [X] NO	7. Basis []Cash [X]	Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/1/2009 To: (Month, Day, Year) 9/30/2013				9. Period Covered b From: (Month, Day 07/01/10		rt To: (Month, Da 09/30/10	y, Year)	
10. Transac	tions:		. 24/25	l Previously Reported	•	II This Period	III Cumulati	ve
a. Total o	outlays							
	ent share of outlays			0		0		0
c. Federa	al share of outlays			0		o		0
d. Total u	inliquidated obligations							
e. Recipie	ent share of unliquidated obligat	ions					-	0
f. Federa	al share of unliquidated obligatio	ns	. 140			-		0
g. Total F	ederal share (Sum of lines c and f)					-		0
h. Total F	ederal funds authorized for this	funding pe	eriod				••	1,142,387
i. Unoblig	gated balance of Federal funds	(Line	h minus line g)					1,142,387
11. Indirect Expense		(* in appro	priate box) termined	[] Final		[X] Fixed		
	b. Rate	c. Base		d. Total Amount		e. Federal Sha	re	
12. Remarks: legislation	Attach any explanations deem	ed necess	ary or information n	I equired by Federal spor	nsoring age	I ncy in complianc	e with governing	
13. Certificati	ion: I certify to the best of my unilquidated obligation					ete and that all c	utiays and	
ALB	nted Name and Title ERTO A. LAMORENA V, DIRE eau of Statistics and Plans	CTOR	,	· v	Telephone		nber and extension) 71- 472 -4201	0-1-4
Signature of	Authorized Certifying Official		~		Date Rep	ort Submitted	:	



(Follow form instruction)

Federal Agency and Organizational Element Construction of the Identifying Number Ass to Which Report is Submitted To report multiple grants, use FFR Attachment)						igned by Federal Agancy	,	Page	of		
· -	artment of				(To report multiple grants, use FFR Attachment) 2010-GP-BX-0033					1	1 1
		ame and complete	address it								' '
Guam Bure	eau of Statis	stics and Plans lagatna, GU 969		11 - 1							
4a. DUNS Numb	ber	4b. EIN				ber or identifying N , use FFR Attachm		6. Report Type	7. Basis of Ad	ccountin	ig
778904292	II	98-0018947		5101H11092	:0SE102			Semi-Annual Annual Final	Cash	X Ac	ccrual
8. Project/Grant From: (Month, 07/01/2	i, Day, Year)	11 *** ***		To: (Month, Da				9. Reporting Period End Da	ite		
10. Transaction	ns								nulative		
(Use lines a-c f	or single or mu	ultiple grant report	ting)						11		
Federal Cash	(To report m	ultiple grants als	o use FFF	R Attachment):							
a. Cash Re	eceipts										
	isbursements										
c. Cash on	n Hand (line a	minus b)	ă								
(Use lines d-o fo	or single grant	reporting)					*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Federal Exper	nditures and	Unobligated Bala	ance:			5 10	:wĭ ± 11	ГА П ³			
d. Total Fe	ederal funds au	thorized		7. 5.	H IE	5 E.	1023 N. L.M.			\$ 50	3,064.00
e. Federal	share of expe	nditures			s = **					\$	0.00
f. Federal s	share of unliqu	uidated obligations	i							\$	0.00
g. Total Fe	deral share (s	sum of lines e and	f)				1			\$	0.00
h. Unobliga	ated balance o	of Federal funds (li	ine d minus	s g)		7					3,064.00
Recipient Sha	ire:	11				-					
i. Total reci	ipient share re	quired								\$	0.00
j. Recipient	t share of expe	enditures								\$	0.00
k. Remainir	ng recipient sh	hare to be provide	d (line i mir	nus j)						\$	0.00
Program Incor	me:										
i. Total Fed	deral program i	income earned								\$	0.00
m. Program	n income expe	ended in accordan	ce with the	deduction alter	native						
n. Program	income exper	nded in accordance	ce with the	addition alterna	tive	¥				\$	0.00
o. Unexper	nded program	income (line I mini	us line m c	r line n)						\$	0.00
11. Indirect	a. Type	b.	Rate	c. Period Fro	om	Period To	d. Base	e. Amount Charged	f. Federal		0.00
Expense	Not Applie										
						g. Totals:					
12. Remarks: Atta	ach any expiai	nations deemed n	ecessary o	r information re	quired by Fe	ederal sponsoring	agency in complian	nce with governing legislation:			
13. Certification: any false, fic	: By signing t	this report, I cert udulent informat	ify that it i	s true, complet ubject me to cr	te, and acci riminal, civi	urate to the best II, or administrati	of my knowledge. ive penalities. (U.S.	I am aware that c. Code Title 18, Section 1001)			
a. Typed or Printe	ed Name and	Title of Authorized	I Certifying	Official				c. Telephone (Area code, number and	extension)		
Terry Cuabo), Administra	tive Officer				4		d. Email address terry.cuabo@bsp.guam.gov			
b. Signature of A	uthorized Cert	difying Official	ul	10	/	~		e. Date Report Submitted (Month, Day 10/27/2010	, Year)		
			7					14. Agency use only: OJP Vendor Number: 980017947			
								Standard Form 425 ON Approval Number: 0348 Expiration Date: 10/31/	8-0061		
Paperwork Burn	den Statemer	nt						· · · · · · · · · · · · · · · · · · ·			

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of Information. Including suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Short Form)

	Agency and Organizational Elem Report is Submitted	Federal Grant or By Federal Agen	Other identifying Numbe cy	r Assigned	0	MB Approval No.	Page of	
	partment of Justice of Justice Programs		2010)-GP-BX-0033		112	1-0264	1/1 pages
2 Posinient	Organization (Name and compl	ato addros		Project Safe Neighborhood	s			ļ
BU P.C	Organization (Name and complement of STATISTICS AND PROPERTY OF STATISTICS		s, including ZIP cod	le)	QUARTER	RLY REPORT		
4. Employer	Identification Number 98-0017947	5. Recip	ient Account Number 5101H110920SE10	or Identifying Number	6. Final R	eport [X]NO	7. Basis	(] Accrual
	Grant Period (See Instructions) onth, Day, Year) 7/1/2009	onth, Day, Year) 6/30/2013	9. Period Covered b From: (Month, Day 07/1/10		t To: (Month, D 09/3 (
10. Transac	tions:			I Previously Reported	1	II This Period	iii Cumula	ative
a. Total o	outlays			0		0	 	0
b. Recipi	ent share of outlays			0		0		0
c. Federa	al share of outlays		· · · · · · · · · · · · · · · · · · ·	0		0		0
d. Total u	inliquidated obligations							
e. Recipi	ent share of unliquidated obligat	ions	<u> </u>					0
f. Federa	al share of unliquidated obligation	ns		-			· · ·	0
g. Total F	ederal share (Sum of lines c and f)							0
h. Total F	ederal funds authorized for this	funding pe	eriod					50,004
i. Unoblig	gated balance of Federal funds	(Line	h minus line g)					53,064 53,064
11. Indirect Expense	a. Type of Rate (Place *) [] Provisional	(* in appro [] Predet	priate box) termined	[] Final		[X] Fixed	•	00,004
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	<u>s</u> —, e
12. Remarks: legislation	Attach any explanations deem	ed necess	ary or information re	equired by Federal spor	nsoring ager	ncy in compliand	ce with governing	
13. Certificati	on: I certify to the best of my unliquidated obligation	knowled s are for t	ge and belief that the purpose set for	this report is correct a th in the award docum	ind comple nents.	te and that all	outlays and	
ALB	nted Name and Title ERTO A. LAMORENA V, DIRE sau of Statistics and Plans	CTOR			Telephone		mber and extension) 71- 472 -4201	
Signature of	Authorized Certifying Official	_	D)		Date Repo	ort Submitted		

FEDERAL FINANCIAL REPORT (Follow form Instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency to Which Report is Submitted (To report multiple grants, use FFR Attachment) 1 2 Department of Commerce/NOAA NA07NOS4260060 pages 3. Recipient Organization (Name and complete address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam 4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting (To report multiple grants, use FFR Attachment) □ Quarterly 5101H080930EI114 □ Annual 778904292 980018947 □ Final □ Cash ☑ Accrual 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) October 1, 2007 September 30, 2011 September 30, 2010 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts \$227,736.54 b. Cash Disbursements \$261,725.54 c. Cash on Hand (line a minus b) \$33,989.00 Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized N/A e. Federal share of expenditures N/A f. Federal share of unliquidated obligations N/A g. Total Federal share (sum of lines e and f) N/A h. Unobligated balance of Federal funds (line d minus g) N/A Recipient Share: Total recipient share required N/A Recipient share of expenditures N/A k. Remaining recipient share to be provided (line i minus j) N/A Program Income: I. Total Federal program Income earned N/A m. Program income expended in accordance with the deduction alternative N/A n. Program Income expended in accordance with the addition alternative N/A o. Unexpended program Income (line i minus line m or line n) N/A а. Туре c. Period From Period To e. Amount Charged f. Federal Share d. Base 11. Indirect N/A N/A N/A N/A Expense g. Totals: N/A N/A See Page 2

12. Remarks: Attach any explanations deemed necessary or Information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that

any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension)

ALBERTO A. LAMORENA V, Director

(671)472-4201-3

d. Emall address

tlamorena@gmail.com

e. Date Report Submitted (Month, Day, Year)

28 OCT 2010

14. Agency use only:

See Page 2

Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement

b. Signature of Autho

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, earching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

(Follow form instructions)

Federal Agency and Organiz to Which Report is Submitted		Federal Grant or Other Identifying Number Assigned by (To report multiple grants, use FFR Attachment)	Federal Agency	F	age	of			
Department of Commone A	IOA A				2	2			
Department of Commerce/N		NA07NOS4260060							
3. Recipient Organization (Nam Government of Guam, Depa		ess including Zip code)							
Manuel F. L. Guerrero Build	ling, 212 Aspinall Ave., H	lagatna, GU 96910-0212 GUM - Guam							
4a. DUNS Number	(To report multiple grants, use FFR Attachment)								
778904292	980018947	5101H080930EI114	☑ Semi-Annual ☐ Annual ☐ Final	Casl	n 127 A	\ccrua i			
Project/Grant Period From: (Month, Day, Year)	<u> </u>	To: (Month, Day, Year)	Reporting Period End D From: (Month, Day, Yea	ate	· [¥] ·	toordar			
	October 1, 2007	September 30, 2011 information required by Federal sponsoring agency in complian		Septembe	r 30, 20	10			
10/07/10 - \$14,187.26 10/15/10 - \$ 9.274.70 10/19/10 - \$ 9,367.57									
displayed in the workflow co This report has NOT been su Cash on hand (line 10.c) is -3	mments. bmitted. 333,989.00. An explanation	on for this large amount of cash not drawn down to coverate that the recpient has drawn down 58% of the Federal	r expenses is required fro	om the rec	ipient.				

FEDERAL FINANCIAL REPORT (Follow form instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page of to Which Report is Submitted (To report multiple grants, use FFR Attachment) 1 U.S. Depart. of interior / Office of Insular Affairs CRI-GU-07 pages 3. Recipient Organization (Name and complete address including Zip code) BUREAU OF STATISTICS AND PLANS - GOVERNMENT OF GUAM P.O. BOX 2950 HAGATNA, GUAM 96932 4a. DUNS Number 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting (To report multiple grants, use FFR Attachment) O Quarterly 778904292 980018947 Semi-Annual 5101H070930Ei115 Annual O Final 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) 10/01/06 10/31/10 0930/10 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts \$ 189208.18 b. Cash Disbursements \$ 332719.36 c. Cash on Hand (line a minus b) (\$143,511.18) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized \$ 365000.00 e. Federal share of expenditures \$ 332719.36 f. Federal share of unliquidated obligations \$ 11031.18 g. Total Federal share (sum of lines e and f) \$ 343750.54 h. Unobligated balance of Federal funds (line d minus g) \$ 21249.46 Recipient Share: i. Total recipient share required 0.00 Recipient share of expenditures 0.00 k. Remaining recipient share to be provided (line i minus j) 0.00 Program Income: I. Total Federal program income earned 0.00 m. Program income expended in accordance with the deduction alternative 0.00 n. Program income expended in accordance with the addition alternative 0.00 o. Unexpended program income (line I minus line m or line n) b. Rate c. Period From Period To а. Туре d Base e. Amount Charged f. Federal Share 11. Indirect Expense g. Totals: 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: 13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension)

Alberto A. Lamorena V

(671) 472-472-420

d. Email address

e. Date Report Submitted (Month, Day, Year)

14. Agency use only:

Standard Form 425 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

b. Signature of Authorized Certifying Official

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

(Follow form instructions)

1. Federal A	gency and Organ	nizational Element	2. Federal Gr	ant or Other Id	dentifying Number Assigne	d by Federal	Agency	Page	of	
to Which	Report is Submitte	ed		Federal Grant or Other Identifying Number Assigned by Federal Agency Page (To report multiple grants, use FFR Attachment)						
U.S. Depart. o	of Interior / Office of	Insular Affairs	1	(10 separation) and 1117/maximony						
			CRI-GU-0	08						
3. Recipient	Organization (Na	me and complete address	including Zip code)			50000	<u> </u>		page	
	-	PLANS - GOVERNMENT OF	•							
	50 HAGATNA, GU		acht.							
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Ha. DONO N	umber	40. EN			er or Identifying Number s, use FFR Attachment)	- 1	eport Type	7. Basis of Accou	nting	
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8. Project/Gr			l				g Period End Da	ate		
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			03/31/11				0930/10			
10. Transac								Cumulative		
		nultiple grant reporting)			10000				5	
		ultiple grants, also use Fi	R Attachment):							
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Recipient S			- a/				4 07130.20			
i. Total re	cipient share req	uired					0.00			
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Expense						-				
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12. Remarks:	Attach any expla	anations deemed necessar	y or Information requ	ilred by Feder	al sponsoring agency in c	ompliance wit	h governing legi	ı islation:		
		this report, I certify to the								
		receipts are for the purpo				ware that an	y false, fictitiou	is, or fraudulent in	formation	
may subje	ect me to crimina	al, civil, or administrative	penalties. (U.S. Co	de, Title 18,	Section 1001)					
a. Typed or Pr	inted Name and	Title of Authorized Certifyin	g Official			c. Telephor	ne (Area code, n	umber and extension	n)	
						(671) 472-47			•	
	Alberto	A. Lamorena V				d. Email ad	dress			
. Signature of	f Authorized Certi	Tying Official)				e. Date Re	port Submitted	(Month, Day, Year)		
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Standard Form 425 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement

Paperwork Burden Statement

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e. Date Report Submitted (Month, Day, Year)

14. Agency use only:

Standard Form 425 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement

b. Signature of Authorized Certifyir

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(Follow form instructions) 2. Federal Grant or Other Identifying Number Assigned by Federal Agency 1. Federal Agency and Organizational Element of to Which Report is Submitted (To report multiple grants, use FFR Attachment) 1 U.S. Depart. of Interior / Office of Insular Affairs CRI-GU-10 pages 3. Recipient Organization (Name and complete address including Zip code) BUREAU OF STATISTICS AND PLANS - GOVERNMENT OF GUAM P.O. BOX 2950 HAGATNA, GUAM 96932 4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 7. Basis of Accounting 6. Report Type (To report multiple grants, use FFR Attachment) O Quarterly 980018947 Semi-Annual 778904292 5101H100930EI115 C Annual O Final 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) 10/01/09 09/30/12 0930/10 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts 0.00 b. Cash Disbursements 1,347.00 c. Cash on Hand (line a minus b) (\$1,347.00) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized \$ 439500.00 e. Federal share of expenditures \$ 1,347.00 f. Federal share of unliquidated obligations \$ 154882.36 g. Total Federal share (sum of lines e and f) \$ 212398.74 h. Unobligated balance of Federal funds (line d minus g) \$ 283270.64 Recipient Share: Total recipient share required 0.00 Recipient share of expenditures 0.00 k. Remaining recipient share to be provided (line i minus j) 0.00 Program income: Total Federal program income earned 0.00 m. Program income expended in accordance with the deduction alternative 0.00 n. Program income expended in accordance with the addition alternative 0.00 o. Unexpended program income (line I minus line m or line n) c. Period From Period To a. Type b. Rate d. Base e. Amount Charged f. Federal Share 11. Indirect Expense g. Totals: 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: 13. Certification: By signing this report, i certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) a. Typed or Printed Name and Title of Authorized Certifying Official Telephone (Area code, number and extension) (671) 472-472-420 Alberto A. Lamorena V d. Email address b. Signature of Authorized Certifying e. Date Report Submitted (Month, Day, Year) 14. Agency use only: Standard Form 425 - Revised 6/28/2010

Paperwork Burden Statement

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OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011